

# EXHIBIT 1

BANK OF AMERICA & BANK OF  
AMERICA HOME LOANS  
CORESPONDANCE AND PLAINTIFF  
DISPUTE LETTERS

May 10, 2012

Paul Jones  
572 Park St, Stoughton, Ma, 02072  
Ss# 010-60-5543

BANK OF AMERICA  
450 AMERICAN ST  
SIMI VALLEY CA, 93065  
Re: Acct # 5923xxxx

Dear Bank of America,

I recently pulled my credit report from Experian and TransUnion & Equifax and to my amazement, Bank Of America has reported that you foreclosed on my property at the above address & That the mortgage was included in my bankruptcy chapter 13 which is not true.

B.O.A is destroying my credit, I immediately disputed this information with Experian and TransUnion & Equifax and the results of the investigation came back "verified". Not only have I never had a Mortgage with B.O.A but B.O.A has never foreclosed on my property & B.O.A was not included in my Bankruptcy Chapter 13, but according to the Fair Credit Reporting Act (FCRA), as the information furnisher, you are required to notify me of the insertion of negative listings which your company hasn't done.

Since I have disputed the Foreclosure with the credit bureaus and the account on my credit report, and you obviously "verified" them, I am very curious as to what kinds of "records" you may have for this alleged account. Under the FCRA, you are required to conduct an investigation on this account if I request it.

I therefore am submitting my written request to you to conduct an investigation. Per the FCRA, you have 30 days to conduct this investigation and respond to my request. If you do not respond within this time period, per the FCRA, you must remove this negative information.

So Please send me all the foreclosure documentation that you have to prove that B.O.A foreclosed on my property located at 572 Park st, Stoughton, ma, 02072 & that the loan was included in my chapter 13 Bankruptcy, everything that you have on this loan from the original application to all the records to my address above and I have included a copy of my ID for identification purposes Thank you.

Sincerely,

Paul Jones  
010-60-5543

Paul Jones  
572 Park Street  
Stoughton, Ma 02072

Bank of America Home Loans  
P.O Box 5170  
Simi Valley, CA 93062-5170

November 22, 2013

Dear Bank of America Home Loans (hereafter BOAHL),

Thank you for your recent inquiry I received it yesterday, this is not a refusal to pay, but a notice that your claim is disputed.

I also have sent your prior correspondence in the past and you have completely ignored me please respond to this validation request.

This is a request for validation made pursuant to the Fair Debt Collection Practices Act. Please send my all validation of the debt that you claims in your letter I just received.

Please be advised that I am not requesting a "verification" that you have my mailing address, I am requesting a "validation:" that is, competent evidence that I have some contractual obligation to pay you.

You should also be aware that sending unsubstantiated demands for payment through the United States Mail System might constitute mail fraud under federal and state law.

Your failure to satisfy this request within the requirements of the Fair Debt Collection Practices Act will be construed as your absolute waiver of any and all claims against me, and your tacit agreement to compensate me for costs and attorneys fees.

Sincerely,

  
Paul Jones

Paul Jones  
572 Park Street  
Stoughton, Ma 02072

Bank of America Home Loans (hereafter BOAHL)  
PO BOX 961291  
FORT WORTH, Texas 76161-0291

December 5, 2013

Re; Request for insurance information

Dear BOAHL,

Thank you for your recent inquiry. This is not a refusal to pay, but a notice that your claim is disputed.

I have received a request for insurance information for my home at 572 Park Street, Stoughton, Ma 02072 please validate this for me, you state in the letter that you will purchase insurance and charge me please send me proof that you can do this and proof of the debt thank you.

Also your representatives have been calling my wireless numbers and my home phone for the last four years I wrote you a letter several years ago and told you not to call my residence or my wireless numbers and you have failed to do so which is a violation of the Telephone Consumer Protection Act (TCPA).

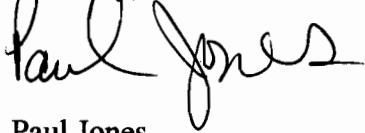
This is a request for validation made pursuant to the Fair Debt Collection Practices Act. Please complete and return the attached disclosure request form.

Please be advised that I am not requesting a "verification" that you have my mailing address, I am requesting a "validation." that is, competent evidence that I have some contractual obligation to pay you.

You should also be aware that sending unsubstantiated demands for payment through the United States Mail System might constitute mail fraud under federal and state law.

Your failure to satisfy this request within the requirements of the Fair Debt Collection Practices Act will be construed as your absolute waiver of any and all claims against me, and your tacit agreement to compensate me for costs and attorneys fees.

Sincerely,



Paul Jones

### CREDITOR DISCLOSURE STATEMENT

Name and Address of Collector (assignee): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Address of Debtor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Account Number(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the terms of assignment for this account? You may attach a facsimile of any records relating to such terms.  
\_\_\_\_\_  
\_\_\_\_\_

Have any insurance claims been made by any creditor been made by any creditor or assignee regarding this account? Yes / no  
\_\_\_\_\_  
\_\_\_\_\_

Has the purported balance of this account been used in any tax deduction claim? Yes / no

Please list the particular products or services sold by the collector to the debtor and the dollar amount of each:  
\_\_\_\_\_  
\_\_\_\_\_

Upon failure or refusal of collector to validate this collection action, collector agrees to waive all claims against the debtor named herein and pay debtor for all costs and attorney fees involved in defending this collection action.

X \_\_\_\_\_  
Authorized signature for Collector

\_\_\_\_\_ Date

Please return this completed form and attach all assignment or other transfer agreements that would establish your right to collect this debt. Your claim cannot be considered if any portion of this form is not completed and returned with the required documents. This is a request for validation made pursuant to the Fair Debt Collection Practices Act. If you do not respond as required by this law, your claim will not be considered and you may be liable for damages for continued collection efforts.

Paul Jones  
572 Park Street  
Stoughton, Ma 02072

Bank of America Home Loans (hereafter BOAHL)  
PO BOX 961291  
FORT WORTH, Texas 76161-0291

December 18, 2013

Re; Request for insurance information

## **SECOND TIMLY REQUEST FOR VALIDATION**

Dear BOAHL,

Thank you for your recent inquiry. This is not a refusal to pay, but a notice that your claim is disputed.

BOAHL sent me a request already and I sent you a timely request for debt validation and your company did not validate the debt so now you have violated the Fair Debt Collection Practices Act, also you have been calling my wireless numbers for over 4 years and I have never given you express permission to do so also my home phone again please reframe from calling my numbers only communicate with me through the USPS mail.

This is a request for validation made pursuant to the Fair Debt Collection Practices Act. Please complete and return the attached disclosure request form.

Please be advised that I am not requesting a "verification" that you have my mailing address, I am requesting a "validation." that is, competent evidence that I have some contractual obligation to pay you.

You should also be aware that sending unsubstantiated demands for payment through the United States Mail System might constitute mail fraud under federal and state law.

Your failure to satisfy this request within the requirements of the Fair Debt Collection Practices Act will be construed as your absolute waiver of any and all claims against me, and your tacit agreement to compensate me for costs and attorneys fees.

Sincerely,  
Paul Jones

PJ



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Paul Jones  
VIA Certified Mail#

Bank of America  
Attn: Mortgage loan accounting department

January 16, 2013

**RE Loan# 59231592**

Dear Sir or Madam,

Bank of America is the servicer of our mortgage loan at the above address. We dispute the amount that is owned according the Monthly Billing Statement and request that you send us information about the fees, costs, and escrow accounting on our loan. This is a Qualified Written Request, pursuant to Real Estate Settlement and Procedures Act section (2605(e)).

Specifically, we are requesting the itemization of the following:

1. Please send me a complete payment history that can be easily read and understood including, but not limited to, the dates and amounts of all the payments made on the loan to date;
2. Please send me a breakdown of the amount of claimed arrears of delinquencies;
3. Please send me an explanation of what you mean by assignment, sale, or transfer. Which one is it? Please include a copy of any all assignments, proof of sale, proof of transfer and to whom.
4. Please send me payment dates, purpose of payment and recipient of all escrow items charged to our account since the loans inception.
5. Please send me a breakdown of the current escrow charges showing how it is to calculated and reasons for the increase in 2006; and
6. Please send me a copy of any annual escrow statements and notices of shortage, deficiency or surplus, sent to me within the life of the current loan.

In Order to avoid any misunderstanding, all communication shall henceforth be on the record, i.e. in writing and duly served. Please serve all communications and process directly to the mailing address provided below.

**I am hereby requesting in writing that neither you, nor any agent on your behalf, call me at home or at work. Do not call me at my home number, or at my place of employment. Please give this information to the appropriate parties within your company so they may comply.**

Thank you for taking time to acknowledge and answer the requests required by Real Estate Settlement and Procedures Act section (2605(e)).

Very truly yours,

Paul Jones

**QUALIFIED WRITTEN REQUEST**

**COMPLAINT DISPUTE OF DEBT/ VALIDATION OF DEBT TILA REQUEST**

Re: Paul Jones

572 Park Street

Stoughton, Ma, 02072

June 29, 2012

BANK O AMERICA HOMELOANS

**Loan # 59231592**

I understand that under **Section 6 of RESPA** you are required to acknowledge my request within 20 business days and must try to resolve the issue within 60 business days. Please treat this letter as a "qualified written request" under the Real Estate Settlement Procedures Act, 12 U.S.C. Section 2605(e).

I am writing to you to complain about the accounting and servicing of my mortgage and my need for understanding and clarification of various charges, credits, debits, transactions, reversals, actions, payments, analyses and records related to the servicing of my loan from its origination to the present date. To date, the documents and information I have, that you have sent me, and the conversations with your service representatives cannot answer my many questions.

It is my understanding that your company has been accused as engaging in one or more predatory lending and servicing schemes. As a citizen, I am extremely concerned about such practices by anyone, let alone my own mortgage company or anyone who has held a beneficial interest in my loan. I am concerned that such abuses are targeting the uneducated and uninformed consumer and disadvantaged, poor, elderly and minorities.

Needless to say, I am more concerned as an alleged borrower. I am worried that potential fraudulent and deceptive practices by unscrupulous mortgage brokers; sales and transfers of mortgage servicing rights; deceptive and fraudulent servicing practices to enhance balance sheets; deceptive, abusive and fraudulent accounting tricks and practices may have negatively affected my credit rating, mortgage account and/or the debt or payments to which I am legally obligated.

Because of this and other reasons that leave me to believe that I may be a victim of predatory lending, I am

disputing the validity of the current debt you claim I owe. By debt I am referring to:

1. The principal balance claimed owed;
2. My calculated monthly payment,
3. Calculated escrow payment
4. And any fees claimed to be owed by you or any trust or entity you may represent.

I have reason to believe that the loan terms were misrepresented to me at the time of application .

To independently validate my debt, I need to conduct a complete exam, audit, review and accounting of my mortgage loan from its inception through the present date. Upon receipt of this letter, please refrain from reporting ANY negative credit information to any credit-reporting agency until you respond to each of my requests.

I also request that you kindly conduct your own investigation and audit of my account since its inception to validate the debt you currently claim I owe. I would like you to validate this debt so that it is accurate to the penny!

Please do not rely on previous or current servicers or originators records, assurances or indemnity agreements and refuse to conduct a full audit and investigation of my account.

**I understand that potential abuses by you or a previous servicer could have deceptively, wrongfully, unlawfully and/or illegally:**

1. Increased the amounts of my monthly payments
2. Increased the principal balance I owe;
3. Increased my escrow payments;
4. Increased the amounts applied and attributed toward interest on my account;
5. Decreased the proper amounts applied and attributed toward principal on my account; and/or
6. Assessed, charged and/or collected fees, expenses and misc. charges I am not legally obligated to pay under my mortgage, note and/or deed of trust.

**I am thinking about contracting the Home Owners Foreclosure Hotline and/or one of their affiliates to perform a forensic document review of your investigation and audit of my account. To help me decide if I am going to move forward with a third party auditing company, I need:**

(1) copies of all documents pertaining to the origination of the alleged mortgage and note including my loan application (s), Right to cancel, deed of trust, note, adjustable rate note, addendum to the note for the interest only payment period, truth in lending statements, good faith estimate (GFE), HUD 1, appraisal, and all required disclosures and rate sheets associated with this transaction for the above referenced loan. The copies should be legible and all documents shall be copied in their entirety.

(2) A copy of the loan history including all payments made, all fees incurred, what has been paid out of

the escrow account, and how all payments were applied. This information should cover the **ENTIRE** life of the loan.

(3) All assignment to Bank of America from Optima Mortgage and any other Banking institution.

**I want to insure that I have not been the victim of such predatory practices.**

To insure this, I will be authorizing a thorough review, examination, accounting and audit of my mortgage **Loan # 59231592** by a team of mortgage auditors predatory lending experts, consumer advocates, local non-profit agencies, compliance consultants and if needed **LEGAL ADVOCATES**. This exam and audit will review my mortgage loan file from the date of my initial contact, application and the origination of my loan to the present date written above.

As such, please treat this letter as a Qualified Written Request under the Real Estate Settlement Procedures Act, codified as Title 12 § 2605 (e)(1)(B) (e) and Reg. X § 3500.21(02 of the United States Code as well as a request under Truth In Lending Act [TILA] 15 U.S.C. § 1601, et seq. RESPA provides substantial penalties and fines for non-compliance or failure to answer my questions provided in this letter within sixty (60) days of its receipt!

In order to conduct the examination and audit of my loan, I need to have full and immediate disclosure including copies of all pertinent information regarding my loan. The documents requested and answers to my questions are needed by myself and my experts to insure that my loan:

1. Was originated in lawful compliance with all federal and state laws and regulations including, but not limited to RESPA, TILA, Fair Debt Collection Act, HOEPA and other laws;
2. That any sale or transfer of my loan was conducted in accordance with proper laws and was a true sale of my note;
3. That the claimed holder in due course of my promissory note and/or deed of trust is holding such note in compliance with State and Federal laws and is entitled to the benefits of my payments;
4. That all appropriate disclosures of terms, costs, commissions, rebates, kickbacks, fees etc. were properly disclosed to me at the inception of my loan;
5. That each servicer and/or sub-servicer of my mortgage has serviced my mortgage in accordance with the terms of my mortgage, promissory note and/or deed of trust;
6. That each servicer and sub-servicer of my mortgage has serviced my mortgage in compliance with local, state and federal statutes, laws and regulations;
7. That my mortgage loan has properly been credited, debited, adjusted, amortized and charged correctly;
8. That interest and principal have been properly calculated and applied to my loan;

9. That my principal balance has been properly calculated, amortized and accounted for;
10. That no charges, fees or expenses, not obligated by me in any agreement, have been charged, assessed or collected from my account;

As such, please send to me, at my address above, copies of the documents requested below as soon as possible. Please provide me copies of:

1. All data, information, notations, text, figures and information contained in your mortgage servicing and accounting computer systems including, but not limited to Alltel or Fidelity CPI system, or any other similar mortgage servicing software used by you, any servicers, or subservicer of my mortgage account from the inception of my loan to the date written above.
2. All descriptions and legends of all Codes used in your mortgage servicing and accounting system so that the examiners, auditors and experts retained to audit and review my mortgage account may properly conduct their work.
3. All assignments, transfers, allonges, or other document evidencing a transfer, sale or assignment of my mortgage, deed of trust, promissory note or other document that secures payment by me to my obligation in this account from the inception of my loan to the present date including any such assignments on MERS.
4. All records, electronic or otherwise, of assignments of my mortgage, promissory note or servicing rights to my mortgage including any such assignments on MERS.
5. All deeds in lieu, modifications to my mortgage, promissory note or deed of trust from the inception of my loan to the present date.
6. The front and back of each and every canceled check, money order, draft, debit or credit notice issued to any servicer of my account for payment of any monthly payment, other payment, escrow charge, fee or expense on my account.
7. All escrow analyses conducted on my account from the inception of my loan until the date of this letter.
8. The front and back of each and every canceled check, draft or debit notice issued for payment of closing costs, fees and expenses listed on my disclosure statement including, but not limited to, appraisal fees, inspection fees, title searches, title insurance fees, credit life insurance premiums, hazard insurance premiums, commissions, attorney fees, points, etc.
9. Front and back copies of all payment receipts, checks, money orders, drafts, automatic debits and

written evidence of payments made by others or me on my account.

10. All letters, statements and documents sent to me by your company.
11. All letters, statements and documents sent to me by agents, attorneys or representatives of your company.
12. All letters, statements and documents sent to me by previous servicers, subservicers or others in your loan file or in your control or possession or in the control or possession of any affiliate, parent company, agent, sub-servicer, servicer, attorney or other representative of your company.
13. All letters, statements and documents contained in my loan file or imaged by you, any servicer or sub-servicers of my mortgage from the inception of my loan to present date.
14. All electronic transfers, assignments, sales of my note, mortgage, deed of trust or other security instrument.
15. Was originated in lawful compliance with all federal and state laws and regulations including, but not limited to RESPA, TILA, Fair Debt Collection Act, HOEPA and other laws;
16. That any sale or transfer of my loan was conducted in accordance with proper laws and was a true sale of my note;
17. That the claimed holder in due course of my promissory note and/or deed of trust is holding such note in compliance with State and Federal laws and is entitled to the benefits of my payments;
18. That all appropriate disclosures of terms, costs, commissions, rebates, kickbacks, fees etc. were properly disclosed to me at the inception of my loan;
19. That each servicer and/or sub-servicer of my mortgage has serviced my mortgage in accordance with the terms of my mortgage, promissory note and/or deed of trust;
20. That each servicer and sub-servicer of my mortgage has serviced my mortgage in compliance with local, state and federal statutes, laws and regulations;
21. That my mortgage loan has properly been credited, debited, adjusted, amortized and charged correctly;
22. That interest and principal have been properly calculated and applied to my loan;
23. That my principal balance has been properly calculated, amortized and accounted for;
24. That no charges, fees or expenses, not obligated by me in any agreement, have been charged, assessed or collected from my account;

Please provide me, with the documents I have requested and a detailed answer to each of my questions within the required lawful time frame. Upon receipt of the documents and answers, an exam and audit will be conducted that may lead to a further document request and answers to questions under an additional QWR letter.

Copies of this Qualified Written Request, Validation of Debt, TILA and request for accounting and legal records, Dispute of Debt letter will be sent to FTC, HUD, ALL RELEVANT STATE AND FEDERAL REGULATORS; CONSUMER ADVOCATES; AND MY CONGRESSMAN if any further evasive actions are detected or this matter is not settled.

It is my hope that you can answer my questions, document and validate my debt to the penny and correct any abuses or schemes uncovered and documented. I would like to have validation that the foreclosure process has

been put on hold or will be extended until all of my request have been satisfied. Please provide for me an answer at the same time that you acknowledge my request within 20 business days

Thank you,

---

CC:

Fannie Mae  
3900 Wisconsin Avenue, N.W. Washington, D.C. 20016

Federal Trade Commission 600 Pennsylvania Avenue NW Washington, DC. 20580

Government & Industry Relations 325 7th Street NW Suite 500 Washington, DC 20004

Office of RESPA and Interstate Land Sales  
Office of Housing, Room 9146  
US Department of Housing and Urban Development 451 Seventh Street, SW  
Washington, DC 20410

1 of 4

**Bank of America**

**CUSTOMER SERVICE**  
**P.O.BOX 5170**  
**SIMI VALLEY, CA 93062-5170**



XX1 1-772-98055-0001789-002-1-000-000-000-000

PAUL JONES  
 572 PARK ST  
 STOUGHTON MA 2072

**Statement date:** 11/18/2013

**Loan No.:** 059231592

**Property address:**  
 572 PARK STREET  
 STOUGHTON, MA 02072

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### **IMPORTANT MESSAGE ABOUT YOUR HOME LOAN**

Your escrow account was recently reviewed and, as a result, the escrow portion of your monthly loan payment may be changing effective 01/01/2014.

Enclosed is an updated escrow analysis statement for your loan.

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### **WHAT YOU NEED TO DO**

There's nothing you need to do. Please keep this notification for your records.

### **QUESTIONS?**

We're pleased to serve your home loan needs. If you have any questions, please call us at 1-800-669-6607, Monday-Friday 7a.m. to 7p.m. Local Time.

We're required by law to inform you that Bank of America, N.A. is a debt collector. If you are currently in a bankruptcy proceeding or have received a discharge of the debt referenced above, this notice is for informational purposes only and is not an attempt to collect a debt or demand a payment. If you are represented by an attorney, please provide this notice to your attorney.



Bank of America, N.A. Member FDIC. Equal Housing Lender. © 2012 Bank of America Corporation. Trademarks are the property of Bank of America Corporation. All rights reserved. Some products may not be available in all states. This is not a commitment to lend. Restrictions apply.

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Account Number 059231592

Statement Date 11/18/2013

PAUL JONES  
572 PARK STREET  
STOUGHTON, MA 02072



## ESCROW ACCOUNT REVIEW

### ESCROW

**EXPLAINED** Part of your monthly loan payment goes into an account to pay for your property taxes and insurance premiums. During the year, payments are made out of this account when bills come due. This notice describes any changes needed in your monthly payment to maintain enough money in your escrow account to pay these bills. In our step-by-step analysis, we determine the data shown below to calculate your new escrow payment.

See below for:

- an in-depth explanation of each step of your escrow analysis
- side-by-side comparison of last year's projected and actual data

SUMMARY	Base amount needed (see Step 1)	The expected monthly amount needed to pay your property taxes and insurance premiums	\$657.68
	Shortage payment (see Step 2)	<b>The monthly amount you must pay into your escrow account to keep the balance from falling below zero during the year</b>	\$0.00
	Reserve requirement (see Step 3)	The monthly amount allowed by federal law for unexpected tax and insurance increases and other costs	\$0.00
	New monthly escrow payment (see Step 4)		\$657.68
	New monthly home loan payment effective 01/2014 (see Step 4)		\$2,845.60

### HOW WE CALCULATE YOUR ESCROW PAYMENT

#### STEP 1 Determine base amount needed for the year

Escrow items	Amount needed	Frequency in months	Monthly amount needed
Homeowners insurance	\$3,797.82	12	\$316.49
City taxes	2,665.56	12	222.13
City taxes	1,428.82	12	119.07
<b>Total monthly base payment amount</b>			<b>\$657.68</b>

#### STEP 2 Determine lowest projected balance

In the chart located below, we project the amounts you will pay into your escrow account next year and the amounts we will pay out for your insurance and tax bills. Remember, these figures are only projections and may not reflect the actual payments made at the time they are due.

Month	Escrow deposit(s)	Tax payment(s)	Insurance payment(s)	MIP/PMI payment(s)	Balance
Beginning balance					\$18,568.44 D
January 2014	657.68				19,226.12
February 2014	657.68				19,883.80
March 2014	657.68				20,541.48
April 2014	657.68	1,428.82			19,770.34
May 2014	657.68				20,428.02
June 2014	657.68				21,085.70
July 2014	657.68				21,743.38
August 2014	657.68				22,401.06
September 2014	657.68				23,058.74
October 2014	657.68	2,665.56	3,797.82		17,253.04 *
November 2014	657.68				17,910.72
December 2014	657.68				18,568.40
Ending balance					\$18,568.40
<b>Lowest projected balance</b>					<b>\$17,253.04</b>
<b>Shortage payment amount</b>					<b>\$0.00</b>

\* Lowest projected balance (LPB)

D-The letter (D) beside the escrow balance amount indicates that your mortgage payments are delinquent, and the Beginning balance from Step 2 of HOW WE CALCULATE YOUR ESCROW PAYMENT will not match the Actual Ending balance from the LAST YEAR IN REVIEW section.

At the time of analysis, Bank of America, N.A. assumes that all scheduled mortgage payments will be made to the effective date of your new payment.

Your Lowest Projected Balance (LPB) reflects a balance above zero. In the next step, we will compare this amount to your escrow reserve requirement to determine if there is an overage.

2 of 4



Account Number 059231592

Statement Date 11/18/2013

PAUL JONES  
572 PARK STREET  
STOUGHTON, MA 02072



## ESCROW ACCOUNT REVIEW

### ESCROW

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	<b>New monthly escrow payment (see Step 4)</b>		<b>\$657.68</b>
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June 2014	657.68				21,085.70
July 2014	657.68				21,743.38
August 2014	657.68				22,401.06
September 2014	657.68				23,058.74
October 2014	657.68	2,665.56	3,797.82		17,253.04 *
November 2014	657.68				17,910.72
December 2014	657.68				18,568.40
Ending balance					\$18,568.40
<b>Lowest projected balance</b>					<b>\$17,253.04</b>
<b>Shortage payment amount</b>					<b>\$0.00</b>

\* Lowest projected balance (LPB)

D-The letter (D) beside the escrow balance amount indicates that your mortgage payments are delinquent, and the Beginning balance from Step 2 of HOW WE CALCULATE YOUR ESCROW PAYMENT will not match the Actual Ending balance from the LAST YEAR IN REVIEW section.

At the time of analysis, Bank of America, N.A. assumes that all scheduled mortgage payments will be made to the effective date of your new payment.

Your Lowest Projected Balance (LPB) reflects a balance above zero. In the next step, we will compare this amount to your escrow reserve requirement to determine if there is an overage.

3 of 4



Account Number 059231592

Statement Date 11/18/2013

PAUL JONES  
572 PARK STREET  
STOUGHTON, MA 02072

**STEP 3 Determine reserve requirement**

Federal law allows for the collection of a reserve amount to maintain a cushion for unexpected tax and/or insurance increases and other costs.

The reserve used for this period is shown below.

Lowest projected balance (see Step 2 above)	\$17,253.04
Total reserve requirement (16.6% of the base amount) *	\$1,310.11
Additional amounts required	.00
<b>Monthly reserve requirement (.00 divided by 12)</b>	<b>\$0.00</b>

Available overage	\$15,942.93
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\* Base amount equals the total of payments anticipated to be paid out of the escrow account during the year but Private Mortgage Insurance (PMI) or Mortgage Insurance Premium (MIP) amounts.

Our records reflect that your Lowest Projected Balance (LPB) exceeds the reserve requirement amount. As a result, it is anticipated that you'll have an overage of funds. If your loan is current and the overage is \$50 or more, a check will be mailed to you within 10 business days. Please note that we're unable to forward overage checks if your loan is undergoing a loan assumption.

**STEP 4 Determine monthly payments****Calculation of monthly escrow payment**

Base amount needed for taxes and/or insurance (see Step 1)	\$657.68
Shortage payment (see Step 2)	.00
Reserve requirement (see Step 3)	.00
<b>Total monthly escrow payment</b>	<b>\$657.68</b>

**Calculation of monthly home loan payment**

Principal and/or interest	\$2,187.92
Total monthly escrow payment	657.68
<b>Total monthly home loan payment effective 01/2014</b>	<b>\$2,845.60</b>

LAST YEAR IN REVIEW	Current analysis compared to previous	<b>Monthly amount</b>	
		Last analysis	This analysis
	Amount needed for taxes and insurance		
	Homeowners insurance	\$316.49	\$316.49
	City taxes	182.99	222.13
	City taxes	115.67	119.07
	Total base escrow payment	\$615.14	\$657.68
	Shortage payment	.00	.00
	Reserve requirement	.00	.00
	Rounding amount	.00	.00
	<b>Monthly escrow payment</b>	<b>615.14</b>	<b>\$657.68</b>
	Principal and/or interest	\$2,187.92	\$2,187.92
	Monthly escrow payment	615.14	657.68
	<b>Total payment amount</b>	<b>\$2,803.06</b>	<b>\$2,845.60</b>

**Summary of escrow change**

As shown, your base escrow amount increased. Your reserve percentage remained unchanged. Your reserve payment remained unchanged. The result of these issues caused your total escrow payment to increase. Additionally, you were left with a overage.

A side-by-side comparison of last year's projected escrow account activity and actual activity can be found below.

**Last year's escrow payments**

Projected Date	Activity	Paid in	Paid out	Balance	<b>Actual</b>	Paid in	Paid out	Balance
					Date			
	Beginning balance			\$18,196.42	Beginning balance			-\$46,077.40
10/02/2012	City taxes		2,195.86	16,000.56	04/23/2013	City tax pmt	1,428.82	-47,506.22
01/01/2013	Jan Payment	615.14		16,615.70	10/01/2013	City tax pmt	2,665.56	-50,171.78 P
02/01/2013	Feb Payment	615.14		17,230.84	10/07/2013	Homeowners ins pmr	3,797.82	-53,969.60 *
03/01/2013	Mar Payment	615.14		17,845.98	11/04/2013	Homeowners ins cr	-3,548.10	-50,421.50
04/01/2013	Apr Payment	615.14		18,461.12	11/18/2013	Sep Payment	864.11	-49,557.39 P
04/02/2013	City taxes		1,388.02	17,073.10	11/18/2013	Oct Payment	864.11	-48,693.28 P
05/01/2013	May Payment	615.14		17,688.24	11/18/2013	Nov Payment	864.11	-47,829.17 P
06/01/2013	Jun Payment	615.14		18,303.38		Ending balance		-47,829.17 D
07/01/2013	Jul Payment	615.14		18,918.52				
08/01/2013	Aug Payment	615.14		19,533.66				

4 of 4

**Bank of America****Account Number** 059231592**Statement Date** 11/18/2013

PAUL JONES  
572 PARK STREET  
STOUGHTON, MA 02072

**Projected**

Date	Activity	Paid in	Paid out	Balance
09/01/2013	Sep Payment	615.14		20,148.80
10/01/2013	Oct Payment	615.14		20,763.94
10/02/2013	Homeowners insurance		3,797.82	16,966.12
10/02/2013	City taxes		2,195.86	14,770.26 *
11/01/2013	Nov Payment	615.14		15,385.40
12/01/2013	Dec Payment	615.14		16,000.54
	Ending balance			\$16,000.54

**Actual**

Date	Activity	Paid in	Paid out	Balance

**Summary of escrow payments and disbursements**

City taxes	5,779.74
Homeowners insurance	3,797.82
Payments	7,381.68

**Summary of escrow payments and disbursements**

City taxes	4,094.38
Homeowners insurance	3,797.82
Payments	2,592.33
Homeowners ins cr	3,548.10

\* Lowest projected balance

D - The letter (D) beside the escrow balance amount indicates that your mortgage payments are delinquent, and the Beginning balance from Step 2 of HOW WE CALCULATE YOUR ESCROW PAYMENT will not match the Actual Ending Balance from the LAST YEAR IN REVIEW section.

P - The letter (P) beside an amount indicates that the payment or disbursement has not yet occurred but is estimated to occur as shown.

At the time of analysis, Bank of America, N.A. assumes that all scheduled mortgage payments will be made to the effective date of your new payment.

**Home Loans**

P.O. BOX 961291  
FORT WORTH, TX 76161-0291

0000650-0002537 CWBWP 001      368543

Notice Date: NOVEMBER 13, 2013

000657 - 002563  
**PAUL JONES**  
572 PARK ST  
STOUGHTON, MA 02072-3645

**Subject: Please provide Insurance Information for 572 PARK STREET  
STOUGHTON MA 02072**

Dear Paul Jones:

Our records show that your Homeowner's (Hazard) insurance expired, and we do not have evidence that you have obtained new coverage. **Because Homeowner's (Hazard) Insurance Is required on your property, we plan to buy Insurance for your property.** You must pay us for any period during which the insurance we buy is in effect but you do not have insurance.

You should immediately provide us with your insurance information. The information needed is: (a) a copy of your insurance policy, insurance policy declaration page or certificate of insurance, or (b) the name and telephone number of your insurance agent or carrier and your insurance policy number. Here are the ways to provide this information to us:

- By having your insurance agent call us at (866) 265-3321.
- By faxing the information, including your loan number, to (800) 293-8158.
- By mailing the information, including your loan number, to the return address shown above.
- By faxing your insurance agent or carrier's name, telephone number, your loan number, your name, the property address and your insurance policy number to (800) 293-8158.
- By mailing your insurance agent or carrier's name, telephone number, your loan number, your name, the property address and your insurance policy number to the return address shown above.

**Additional Requirements for Condominiums:** Please note, if you live in a condominium complex insured under a master policy issued to your condominium association, please send us, using one of the ways shown above, evidence of insurance from the association's master policy demonstrating proof of adequate Hazard insurance coverage.

**Please note:** The insurance we buy:

- **May be more expensive than the insurance you can buy yourself.**
- **May not provide as much coverage as an insurance policy you buy yourself.**

If you have any questions, please contact us at (866) 265-3321.

For additional information concerning this request and insurance requirements for your loan #059231592, please see the attached "Important Information Concerning Your Home Loan Hazard Insurance".

## **IMPORTANT INFORMATION CONCERNING YOUR HOME LOAN HAZARD INSURANCE**

### **HAZARD INSURANCE AND CONTINUOUS COVERAGE**

You are required to maintain acceptable Hazard insurance coverage on your property at all times to protect the property against loss which serves as the collateral for your loan. If you fail to provide evidence of acceptable coverage, we may buy Lender-Placed Insurance for your property and charge you for the cost of this insurance. Lender-Placed Insurance may be significantly more expensive and may not provide as much coverage as Hazard insurance you can buy yourself. As a result, we strongly encourage you to buy your own Hazard insurance and not rely on Lender-Placed Insurance. The Hazard insurance requirements applicable to your loan are contained in the "Hazard Insurance Requirements" section below. The Hazard insurance you buy must, at a minimum, meet these requirements. The Hazard insurance must also cover your property at all times. If the Hazard insurance you buy does not cover your property continuously, this will result in a gap period for coverage. If you are unable to obtain coverage for a gap period, we may buy Lender-Placed Insurance for the gap period and charge you for the cost of this insurance. Further, please be aware that if the premium on your Hazard Insurance is currently past due, your insurance agent or carrier may be unable to reinstate your insurance policy as of the expiration date and you may need to take further action to obtain coverage for the gap period. Therefore, we strongly encourage you to renew your Hazard insurance timely and without a gap in coverage to avoid being charged for Lender-Placed Insurance. Please see the "Lender-Placed Insurance" section below for more important information about Lender-Placed Insurance.

### **OFFER OF ESCROW ACCOUNT FOR HAZARD INSURANCE**

If your loan does not currently have an escrow account for payment of your Hazard insurance and you wish to voluntarily establish an escrow account for this purpose, please contact us at (866) 265-3321. We will offer an escrow account and advance the premium(s) due on your Hazard insurance policy(ies) if you: (a) accept the offer of the escrow account; (b) provide us with a copy of the premium invoice(s) from your insurance carrier(s); (c) agree in writing to reimburse us for the escrow advances by sending regular escrow payments to us; (d) agree to escrow to both repay the advanced premium(s) and to pay for the future premiums necessary to maintain any required insurance policy(ies); and (e) agree we will manage the escrow account in accordance with your loan documents and with applicable state and federal law.

### **HAZARD INSURANCE REQUIREMENTS**

At a minimum, your Hazard insurance must be a fire and extended coverage policy. The insurance must not limit or exclude from coverage (in whole or in part) damage from Windstorm, Hurricane, Hail, or any other perils that are a part of the extended coverage endorsement. Insurance coverage must be on a replacement cost basis, where available, and be in an amount at least equal to 100% of the insurable value of the improvements as established by the Hazard insurer. Rent loss coverage is required for non-owner-occupied properties. For coverage amounts of \$252,700 or less, the maximum deductible is the higher of \$1,000 or 1% of the policy's dwelling coverage. For coverage amounts greater than \$252,700, the maximum deductible is the higher of \$2,500 or 1% of the policy's dwelling coverage.

The insurance policy must be issued by an insurance company acceptable to us. The insurance company must be licensed, or otherwise authorized by law, to conduct business in the jurisdictions in which your property is located. Your policy must be written by an insurance company with either an A.M. Best's Rating of "B" or an A.M. Best's Financial Performance Rating of "VI" or better. The named insured on the policy must be the same as the mortgagor/trustor/grantor on your security instrument, or current owner if there has been a loan assumption. The policy must include a Lender's Loss Payable Endorsement or standard mortgagee/loss payee clause in favor of Bank of America, N.A. and its successors and/or assigns.

You may provide us with (a) a copy of your insurance policy, insurance policy declaration page, or certificate of insurance, or (b) the name and telephone number of your insurance agent or carrier and your insurance policy number.

Due to changes in federal or state laws or regulations or for other reasons, we may modify our insurance requirements, including, without limitation, requiring additional types or amounts of coverage. If we make a change, we will notify you so that you may purchase the required coverage.

### **LENDER-PLACED INSURANCE**

If you fail to maintain acceptable Hazard insurance on your property at any time, applicable law, investor requirements, and/or your loan agreement allows or requires us to buy Hazard insurance, at your cost, to protect the property against loss. This type of insurance is commonly referred to as "Lender-Placed Insurance." Please note that Lender-Placed Insurance:

- may be significantly more expensive than the Hazard insurance you can buy yourself;
- may not provide as much coverage as the Hazard insurance you can buy yourself; for example, it will only cover the structure(s) on your property and will not include coverage for loss or damage to your personal property (such as the contents of your home), workers' compensation, injury to persons or property for which you may be personally liable, additional living expenses, medical payments, or for the risks of earthquake;
- may not be sufficient to protect your full equity interest in the improvements to the property should a loss occur and may not be sufficient to fully restore or repair such improvements to its previous condition;
- will not provide guaranteed or extended replacement cost coverage; and
- may have other restrictions, exclusions and limitations specifically described in the coverage that we acquire.

We will cancel Lender-Placed Insurance for any period for which you provide acceptable evidence of Hazard insurance. You will only be charged the cost for the period not covered by the policy(ies) you obtain. You will receive a full refund of the cost of Lender-Placed Insurance if your evidence of coverage demonstrates continuous coverage for your property.

#### **How Lender-Placed Insurance Will be Charged to You**

If you have an existing escrow account, we will charge the cost of Lender-Placed Insurance to this account. If you do not have an escrow account and your loan agreement allows us to establish such an account, we will establish an escrow account and charge the cost of the Lender-Placed Insurance to it. If your loan is a Home Equity Line of Credit (HELOC) or similar loan product with a credit line, we will either advance funds from your credit line to pay the cost of the Lender-Placed Insurance or charge you separately for the insurance. Also, please note, your loan agreement may provide that the cost of Lender-Placed Insurance becomes an additional debt secured by your mortgage or deed of trust.

#### **Estimated Coverage Amount and Term of Coverage of Lender-Placed Insurance**

We require you to maintain your Hazard insurance coverage on a replacement cost basis. Except as noted, we will obtain Lender-Placed Insurance on a replacement cost basis by using your last known insurance coverage amount as established by the Hazard insurer as the proxy for the replacement cost of your property. As of the date of this letter, the estimated Lender-Placed Insurance coverage amount for your property is \$280,000.00. The coverage period will be effective from 10/30/2013 until 10/30/2014. This coverage represents the amount of your last known Hazard insurance coverage amount as contained in our records, or, if that information was not in our records, it represents the unpaid loan balance of your loan(s) secured by the property as the coverage amount. If you believe this estimated coverage amount does not reflect the replacement cost of your property, your last known Hazard insurance coverage amount or the unpaid loan balance of your loan(s), please call us at the number below. You can also provide us with a written estimate of the replacement cost of your property from an insurance company of your choosing that meets our criteria for insurance companies as set forth in the "Hazard Insurance Requirements" section above.

#### **Compensation from Lender-Placed Insurance**

Lender-Placed Insurance may be purchased by us through agencies that are affiliates of Bank of America, N.A.. Bank of America, N.A. and its affiliates may also receive a commission or other compensation in connection with obtaining Lender-Placed Insurance.

#### **BANKRUPTCY NOTICE**

IF YOU ARE CURRENTLY IN A BANKRUPTCY PROCEEDING OR HAVE PREVIOUSLY OBTAINED A DISCHARGE OF THIS DEBT UNDER APPLICABLE LAW, THIS NOTICE IS FOR INFORMATION ONLY. NOTWITHSTANDING ANYTHING IN THIS LETTER TO THE CONTRARY, THIS NOTICE SHOULD NOT BE CONSTRUED AS AN ATTEMPT TO COLLECT A DEBT, A DEMAND FOR PAYMENT, OR AN ATTEMPT TO IMPOSE PERSONAL LIABILITY FOR A DEBT.

#### **QUESTIONS?**

If you have any questions about the information in this notice, please feel free to call us at (866) 265-3321.

**Home Loans**

P.O. BOX 961291  
FORT WORTH, TX 76161-0291

0000899-0003531 CWBWP 001 374208

Notice Date: DECEMBER 15, 2013

000912 - 003581  
**PAUL JONES**  
572 PARK ST  
STOUGHTON, MA 02072-3645

**Subject: Second and final notice - please provide insurance information for 572 PARK STREET  
STOUGHTON MA 02072**

Dear Paul Jones:

This is your **second and final** notice that our records show that your Homeowner's (Hazard) Insurance expired and we do not have evidence that you have obtained new coverage. **Because Homeowner's (Hazard) Insurance is required on your property, we plan to buy insurance for your property.** You must pay us for any period during which the insurance we buy is in effect but you do not have insurance.

You should immediately provide us with your insurance information. The information needed is: (a) a copy of your insurance policy, insurance policy declaration page or certificate of insurance, or (b) the name and telephone number of your insurance agent or carrier and your insurance policy number. Here are the ways to provide this information to us:

- By having your insurance agent call us at (866) 265-3321.
- By faxing the information, including your loan number, to (800) 293-8158.
- By mailing the information, including your loan number, to the return address shown above.
- By faxing your insurance agent or carrier's name, telephone number, your loan number, your name, the property address and your insurance policy number to (800) 293-8158.
- By mailing your insurance agent or carrier's name, telephone number, your loan number, your name, the property address and your insurance policy number to the return address shown above.

**Additional Requirements for Condominiums:** if you live in a condominium complex insured under a master policy issued to your condominium association, please send us, using one of the ways shown above, evidence of insurance from the association's master policy demonstrating proof of adequate Hazard insurance coverage.

**Please note:** The insurance we buy:

- **Will cost an estimated \$2,352.00 annually, which may be more expensive than insurance you can buy yourself.**
- **May not provide as much coverage as an insurance policy you buy yourself.**

If you have any questions, please contact us at (866) 265-3321.

For additional information concerning this request and insurance requirements for your loan #059231592, please see the attached "Important Information Concerning Your Home Loan Hazard Insurance".

**IMPORTANT INFORMATION CONCERNING YOUR HOME LOAN HAZARD INSURANCE****HAZARD INSURANCE AND CONTINUOUS COVERAGE**

You are required to maintain acceptable Hazard insurance coverage on your property at all times to protect the property against loss which serves as the collateral for your loan. If you fail to provide evidence of acceptable coverage, we may buy Lender-Placed Insurance for your property and charge you for the cost of this insurance. Lender-Placed Insurance may be significantly more expensive and may not provide as much coverage as Hazard insurance you can buy yourself. As a result, we strongly encourage you to buy your own Hazard insurance and not rely on Lender-Placed Insurance. The Hazard insurance requirements applicable to your loan are contained in the "Hazard Insurance Requirements" section below. The Hazard insurance you buy must, at a minimum, meet these requirements. The Hazard Insurance must also cover your property at all times. If the Hazard insurance you buy does not cover your property continuously, this will result in a gap period for coverage. If you are unable to obtain coverage for a gap period, we may buy Lender-Placed Insurance for the gap period and charge you for the cost of this insurance. Further, please be aware that if the premium on your Hazard insurance is currently past due, your insurance agent or carrier may be unable to reinstate your insurance policy as of the expiration date and you may need to take further action to obtain coverage for the gap period. Therefore, we strongly encourage you to renew your Hazard insurance timely and without a gap in coverage to avoid being charged for Lender-Placed Insurance. Please see the "Lender-Placed Insurance" section below for more important information about Lender-Placed Insurance.

**OFFER OF ESCROW ACCOUNT FOR HAZARD INSURANCE**

If your loan does not currently have an escrow account for payment of your Hazard insurance and you wish to voluntarily establish an escrow account for this purpose, please contact us at (866) 265-3321. We will offer an escrow account and advance the premium(s) due on your Hazard insurance policy(ies) if you: (a) accept the offer of the escrow account; (b) provide us with a copy of the premium invoice(s) from your insurance carrier(s); (c) agree in writing to reimburse us for the escrow advances by sending regular escrow payments to us; (d) agree to escrow to both repay the advanced premium(s) and to pay for the future premiums necessary to maintain any required insurance policy(ies); and (e) agree we will manage the escrow account in accordance with your loan documents and with applicable state and federal law.

**HAZARD INSURANCE REQUIREMENTS**

At a minimum, your Hazard insurance must be a fire and extended coverage policy. The insurance must not limit or exclude from coverage (in whole or in part) damage from Windstorm, Hurricane, Hail, or any other perils that are a part of the extended coverage endorsement. Insurance coverage must be on a replacement cost basis, where available, and be in an amount at least equal to 100% of the insurable value of the improvements as established by the Hazard Insurer. Rent loss coverage is required for non-owner-occupied properties. For coverage amounts of \$252,700 or less, the maximum deductible is the higher of \$1,000 or 1% of the policy's dwelling coverage. For coverage amounts greater than \$252,700, the maximum deductible is the higher of \$2,500 or 1% of the policy's dwelling coverage.

The insurance policy must be issued by an insurance company acceptable to us. The insurance company must be licensed, or otherwise authorized by law, to conduct business in the jurisdictions in which your property is located. Your policy must be written by an insurance company with either an A.M. Best's Rating of "B" or an A.M. Best's Financial Performance Rating of "VI" or better. The named insured on the policy must be the same as the mortgagor/trustor/grantor on your security instrument, or current owner if there has been a loan assumption. The policy must include a Lender's Loss Payable Endorsement or standard mortgagee/loss payee clause in favor of Bank of America, N.A. and its successors and/or assigns.

You may provide us with (a) a copy of your insurance policy, insurance policy declaration page, or certificate of insurance, or (b) the name and telephone number of your insurance agent or carrier and your insurance policy number.

Due to changes in federal or state laws or regulations or for other reasons, we may modify our insurance requirements, including, without limitation, requiring additional types or amounts of coverage. If we make a change, we will notify you so that you may purchase the required coverage.

**LENDER-PLACED INSURANCE**

If you fail to maintain acceptable Hazard Insurance on your property at any time, applicable law, investor requirements, and/or your loan agreement allows or requires us to buy Hazard insurance, at your cost, to protect the property against loss. This type of insurance is commonly referred to as "Lender-Placed Insurance." Please note that Lender-Placed Insurance:

**Home Loans**

P.O. BOX 961291  
FORT WORTH, TX 76161-0291

000061 - 002093  
**PAUL JONES**  
572 PARK ST  
STOUGHTON, MA 02072-3645

Notice Date: JANUARY 17, 2014  
Bank of America Loan #: 059231592  
Property Address: 572 PARK STREET  
STOUGHTON MA 02072

**IMPORTANT INFORMATION ABOUT YOUR HOMEOWNERS HAZARD INSURANCE**

This is a follow-up to our previous notification(s) that we have not received evidence of acceptable homeowner's (hazard) insurance on your property. Based on our records, either we have not received evidence that you have purchased insurance that is required on the property, or we received a policy; however, there is a lapse in coverage between the expiration date of the prior policy and the effective date of your new policy. Your loan agreement requires you to maintain acceptable hazard insurance coverage on your property at all times. As a result, we have purchased Lender-Placed Hazard Insurance, at your expense, in the amount of \$2,352.00.

**IMPORTANT INFORMATION ABOUT LENDER PLACED INSURANCE**

Since we did not receive proof that you continuously maintained acceptable hazard insurance on your property, your loan agreement allows us to purchase insurance on your behalf, at your expense, to protect the property. The insurance we purchased is commonly referred to as Lender-Placed Insurance (LPI). Your loan agreement also provides that the cost of Lender-Placed Insurance will be charged to you and may become an additional debt secured by your mortgage or deed of trust. If you have an escrow account, the cost for this insurance will be paid from it. If you do not have an escrow account, your loan agreement allows us to establish one and charge the cost of the LPI to it. Charging the cost for this insurance to your escrow account will likely cause **your monthly payment to increase**.

**Please note that Lender-Placed Insurance:**

- Is not the same as the hazard insurance that you can purchase on your own and is different in many respects.
- In most cases, will be significantly **more expensive** than the insurance you can purchase on your own.
- Will only cover the structure and will provide less coverage than the insurance you previously had or that you can purchase on your own. For example, LPI **does not** include coverage for loss or damage to your personal property (such as the contents of your home), workers' compensation, injury to persons or property for which you may be personally liable, additional living expenses, medical payments, or for the risks of earthquake and/or flood.
- **May not** be sufficient to protect your full equity interest in the improvements to the property if a loss occurs and may not be sufficient to fully restore or repair such improvements to its previous condition.
- **Will not** provide guaranteed or extended replacement cost coverage. The coverage amount for LPI is based on the replacement value for your dwelling, which we use the last known amount of coverage you purchased for this value. If we do not have this information, the coverage will be placed at the current unpaid principal balance of your loan. As of the date of this letter, it is estimated that your hazard coverage amount would be .
- May have other restrictions, exclusions, and limitations; specifically, described in the coverage that we acquire.
- In the event of a claim, all losses will be paid to except amounts in excess of 's interest, which will be paid to you.

RE: PAUL JONES  
Bank of America Loan #: 059231592

We will cancel Lender-Placed Hazard Insurance when we receive acceptable evidence of hazard insurance. You will only be charged the cost for the days that this policy was in effect. You will receive a full refund for the Lender-Placed Hazard Insurance payment, provided that your evidence of hazard coverage dates back to the expiration date of your previous hazard policy.

Please write your loan number on all correspondence.

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## WHAT YOU NEED TO DO

We encourage you to purchase your own hazard insurance coverage. If you have your own hazard policy, you have five convenient ways to provide us with proof of your coverage:

1. By having your agent call our customer service line at (866) 265-3321.
2. By faxing your hazard insurance policy's declaration page (for example, the document from your insurance company or agent that identifies your hazard coverage amount and policy effective date) with your loan number to (800) 293-8158.
3. By mailing a copy of your hazard insurance policy's declarations page with your loan number to the return address shown above.
4. By mailing us your insurance agent or carrier's name, telephone number, loan number, your name, property address and your insurance policy number to the return address shown above.
5. By faxing us your insurance agent or carrier's name, telephone number, loan number, your name, property address and your insurance policy number to (800) 293-8158.

**Additional Requirements for Condominiums:** If you live in a condominium complex insured under a master policy issued to your condominium association, please send us, using one of the ways shown above, evidence of insurance from the association's master policy demonstrating proof of adequate hazard insurance coverage.

Once you have updated your insurance information through one of the options listed above, you can confirm our records have successfully been updated by viewing your monthly statement.

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## ADDITIONAL INFORMATION

Additional information regarding the requirements of hazard insurance may also be found in your loan documents. An affiliate of Bank of America, N.A. may receive a commission or other compensation if the insurance is obtained by Bank of America, N.A..

If your loan balance is below the amount of your last known hazard insurance coverage amount, then you may submit a written request to reduce the coverage to the amount of the outstanding principal balance of your loan. By doing so, however, you will be requesting coverage in an amount that may not be adequate to rebuild your home in the event of a large or total loss and may not cover your equity interest in your home. You should contact your insurance agent to review your insurance needs and to help you determine the coverage amount that is right for you. To request the lower, unpaid principal balance coverage amount, you will need to complete all items on the enclosed form, sign it, and then mail the form to the address shown on the form. We must receive the completed form within 35 days from the date posted on this letter or the coverage amount will remain as shown above.

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## WE'RE HERE TO HELP

If you have any questions, please call us at (866) 265-3321, Monday through Friday, 8 a.m. to 9 p.m. Eastern.

**BANK OF AMERICA CUSTOMERS  
HAZARD INSURANCE REQUIREMENTS**

In order to protect your property, Bank of America requires that you maintain hazard insurance. At a minimum, your hazard insurance must be a fire and extended coverage policy. The insurance must not limit or exclude from coverage (in whole or in part) damage from windstorm, hurricane, hail damages, or any other perils that are a part of the extended coverage endorsement. Insurance coverage must be on a replacement cost basis, where available, and be in an amount at least equal to the lower of: 1) 100% of the insurable value of the improvements as established by the property insurer; or (2) the unpaid balance of the loan. Notwithstanding the foregoing, if the unpaid principal balance is less than 80% of the insurable value of the improvements, the coverage amount must be at least 80% of the insurable value. Rent loss coverage is required for non-owner-occupied properties. For coverage amounts of \$252,700 or less, the maximum deductible is the higher of \$1,000 or 1% of the policy's dwelling coverage. For coverage amounts greater than \$252,700, the maximum deductible is the higher of \$2,500 or 1% of the policy's dwelling coverage.

The insurance policy must be issued by an insurance company acceptable to Bank of America and licensed, or otherwise authorized by law, to conduct business in the jurisdictions in which the property is located. Your policy must be written by an insurance company with an A.M. Best Rating of "B" or better. The named insured on the policy must be the same as the mortgagor/trustor/grantor on your security instrument, or current owner if there has been a loan assumption. The policy must include a Lender's Loss Payable Endorsement or standard mortgagee/loss payee clause naming Bank of America, N.A. and its successors and/or assigns.

To help us maintain accurate insurance records for your account, your loan number must be included on all policies, billings (if you have an escrow account), and correspondence with your insurer or insurance agent. You may provide us with any of the following insurance documentation: an original policy; a certified copy of an original policy; a certificate of insurance; a binder (only for coverage of less than \$1,000,000) that complies with state law requirements; and for a non-escrowed loan, a paid receipt of premium paid for a 12-month policy term (6-month term in Florida only), or continuous coverage indicated in lieu of expiration date with 6 months prepaid.

Due to changes in federal or state laws or regulations, Bank of America may modify its insurance requirements to include additional types or amounts of coverage. If Bank of America makes a change, we will notify you so that you may purchase the required coverage.

If we do not receive proof of insurance, or a bill to enable us to pay your policy premium if you have an escrowed loan, Bank of America may obtain insurance to protect the property at your expense. The cost of insurance we purchase to protect the property will become an additional obligation secured by your security instrument. The coverage we purchase will insure for damage to your dwelling, but not its contents. It will be different than your current policy, will in most cases be more expensive, may have higher deductibles, and will not protect you from risks typically included in a homeowners policy. For example, it will not cover loss, damage to personal property; or injuries to persons or damage to property for which you may be liable. It also does not cover workers' compensation or damage due to flood or earthquake. Our lender-placed coverage may not be enough to fully replace or repair your property in the event of damage or destruction. This insurance may **not** protect any equity that you have built up on your property.

**WE URGE YOU TO REPLACE ANY LENDER-PLACED INSURANCE WITH YOUR OWN HOMEOWNERS INSURANCE POLICY, WHICH WILL PROBABLY BE LESS EXPENSIVE FOR YOU AND PROVIDE BROADER PROTECTION.** If Bank of America receives a replacement policy that complies with our insurance requirements, we will cancel our lender-placed coverage effective the date that your preferred policy takes effect. If there is a lapse in coverage between your new preferred policy and the policy you or we had obtained before, you will be charged a prorated premium and state-imposed fee (if any) for the period that no borrower-obtained coverage was in place. If you provide us with proof that you had adequate insurance on your property as of the date our lender-placed coverage was effective, (i.e., no lapse in coverage) and that you continue to have the insurance that you purchased yourself, you will not be charged any premium, costs, interest or other charges in connection with lender-placed insurance.

Lender-Placed Hazard Insurance may be purchased from an affiliate of Bank of America, N.A.. Bank of America, N.A. may receive a commission or other compensation in connection with obtaining this coverage.



Home Loans

9046  
059231592P.O. BOX 961291  
FORT WORTH, TX 76161-0291

Date: 01/17/2014

Control Number: Q5521572

000061 - 002097  
PAUL JONES  
572 PARK ST  
STOUGHTON, MA 02072-3645RE: Loan Number: 9046-059231592  
Property Address 572 PARK STREET  
STOUGHTON MA 02072

Dear Paul Jones:

The amount of Lender-Placed Insurance coverage we obtained is based on the homeowners insurance coverage amount you last purchased or, if we did not have that information, then your outstanding principal loan balance at that time was used. If your loan balance is below the amount of homeowners Insurance coverage you last purchased, then you may reduce the Lender-Placed Insurance coverage amount to the outstanding principal balance of your loan. By doing this, the coverage amount will be less than what could be provided using the amount of homeowners insurance coverage you last purchased.

- A. Current Amount of Dwelling Coverage: \$280,000.00
- B. Optional Amount of Dwelling Coverage (based on outstanding principal balance): \$269,013.00

If you wish to lower the Lender-Placed Insurance coverage amount to your loan balance (if your loan balance is less than the last known amount of homeowners insurance coverage), check the box below, sign this form and mail the entire form to the address shown in the top left corner of this letter. You have up to 35 days from the date posted on this letter to mail your request or it shall be conclusively presumed that you have elected not to change the coverage amount.

Upon receipt of your request, we will cancel the current Lender-Placed Insurance coverage and reissue with a coverage amount equal to your outstanding principal loan balance at the time your last insurance policy lapsed. We will then bill you the appropriate insurance charges for a one year term. If you request this coverage amount change, it will be effective as of the date your last insurance policy lapsed.

\* \* PLEASE NOTE, YOU MUST RETURN THIS ENTIRE LETTER  
TO LOWER THE COVERAGE AMOUNT.

YOU ARE NOT OBLIGATED TO LOWER THE COVERAGE AMOUNT, AND  
WE WILL NOT CHANGE THE COVERAGE AMOUNT UNLESS WE HEAR  
FROM YOU.\*\*

Yes, please lower the Coverage Amount to be equal to my outstanding principal loan balance of \$269,013.00. I am aware that by lowering the amount of coverage, the coverage amount will be less than what could be provided using the amount of homeowners insurance coverage I last purchased and may not be enough to fully replace or repair the property in the event of damage or destruction.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AR80772

**QBE INSURANCE CORPORATION**  
**88 Pine Street, 16th Floor**  
**New York, NY 10005**  
**Home Office: c/o CT Corporation System**  
**116 Pine Street, Suite 320**  
**Harrisburg, PA 17101**

For Free Customer Service: (866) 265-3321

NON-HELOC  
 100 N TRYON ST  
 CHARLOTTE, NC 28255-0001

### **Additional Named Insured Certificate**

LOAN NUMBER: 9046-0000-059231592

NOTIFICATION DATE: 01/17/2014

**ADDITIONAL NAMED INSURED**

PAUL JONES  
 572 PARK ST  
 STOUGHTON, MA 02072-3645

**NAMED INSURED MORTGAGEE**

BANK OF AMERICA, N.A.  
 NON-HELOC  
 100 N TRYON ST  
 CHARLOTTE, NC 28255-0001

		Amount of Insurance	Premium
<b>POLICY NUMBER</b>	<b>Q-5521572</b>	Dwelling	\$280,000.00
<b>POLICY TERM:</b>		Personal Property Endorsement	\$0.00
<b>FROM</b> 10/30/2013	<b>TO</b> 10/30/2014	Additional Living Expense Endorsement	\$0.00
<input type="checkbox"/> NOON	<input checked="" type="checkbox"/> 12:01am	Other Endorsements	\$0.00
		Deductible - per loss occurrence	
		Property is VACANT at time of loss	\$1,000.00
		Vandalism & Malicious Mischief	\$1,000.00
		All Other Covered Losses	\$1,000.00
<b>PROPERTY LOCATION</b>		Limit of Liability	Premium
572 PARK STREET STOUGHTON MA 02072		Personal Liability Endorsement	\$0.00
		Medical Payments	\$0.00
		TOTAL CHARGES	\$2,352.00
<b>ENDORSEMENTS ATTACHED AND FORMING A PART OF THE POLICY</b>			
RP1200 (0109), RP1201 (0109), IL1701 (0413), RP1520 (0109), RP1480 (0109), IL1705 (0109), IL1401 (0109)			

#### **NOTICE TO ADDITIONAL NAMED INSURED (BORROWER):**

THIS INSURANCE WILL NOT PROVIDE COVERAGE FOR AN AMOUNT GREATER THAN THE AMOUNT OF INSURANCE SHOWN ABOVE. THIS POLICY MAY NOT FULLY PROTECT YOUR INTEREST IN THE PROPERTY LISTED. THIS POLICY DOES NOT PROVIDE PERSONAL PROPERTY COVERAGE OR LIABILITY COVERAGE, UNLESS INDICATED ABOVE. PLEASE REFER TO THE ATTACHED FORM(S) FOR A FULL DESCRIPTION OF THE TERMS AND LIMITATIONS OF THIS COVERAGE.

**Personal Property and Personal Liability Coverages** - We will cover your personal property, additional living expense or Personal Liability under this policy ONLY if an "Amount of Insurance" or "Limit of Liability" and a premium are shown above. Coverage will be provided according to the terms and conditions of the endorsements attached to this policy. If no "Amount of Insurance" or "Limit of Liability" is shown and no premium is shown no coverage will be provided for Personal Property, Additional Living Expense or Personal Liability. These endorsements are available only for a residence that is owner occupied.

**These coverages are void if the residence is vacant or occupied by someone other than the Additional Named Insured shown above at the time of loss.**

**For Customer Service questions, please call our toll free Customer Service Number at: (866) 265-3321**

**To report a claim, please contact our Claim Department at 1-800-323-7466 or, you may report a new claim using our website at [www.qbefirst.com](http://www.qbefirst.com)**

**DEDUCTIBLES:** Please refer to the deductibles shown above for the coverage provided by this policy.

Subject to the terms and provisions of this policy and the coverage forms and endorsements attached hereto, it is agreed that the insurance applies to the property described above and to any person shown as an Additional Named Insured with respect to the property, subject to the following additional provisions:

- (a) The above Named Insured Mortgagee is authorized to act for the Additional Named Insured(s) in all matters pertaining to this insurance including receipt of Notice of Cancellation; and return premium, if any.
- (b) The above Named Insured Mortgagee is authorized to advance all funds to be recovered from the Additional Named Insured(s) for the insurance afforded.
- (c) Loss, if any, shall be adjusted with and payable to the above Named Insured Mortgagee and the Additional Named Insured(s) as their interest may appear, either by a single instrument so worded or by separate instruments payable respectively to the Named Insured Mortgagee and the Additional Named Insured(s), at the company's option.

## NOTICE OF QBE® PRIVACY POLICIES AND PRACTICES

<b>FACTS</b>	<b>WHAT DOES QBE DO WITH YOUR PERSONAL INFORMATION?</b>
<b>Why?</b>	Your privacy is important to us. At QBE, we know that you have an interest in how we collect, keep, and use customer information.
<b>What?</b>	<p>At QBE, we collect, keep and use information about our customers to serve their insurance needs. QBE and our agents may collect the following information about you and people covered under your policy:</p> <ul style="list-style-type: none"> <li>• Information included on your applications or other forms. (For example, name, address, and Social Security number).</li> <li>• Information about your transactions with us or our affiliates. (For example, services purchased and payment history).</li> <li>• Information from consumer reporting agencies and insurance-support organizations. (For example, credit relationships and history, motor vehicle reports and claims history).</li> <li>• Information from other sources. (For example, medical information and demographic information).</li> <li>• Information from visits to the QBE web site.</li> </ul>
<b>How?</b>	All financial companies need to share customers' information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' information; the reasons QBE chooses to share; and whether you can limit this sharing.

<b>Reasons we can share your personal information</b>	<b>Does QBE share?</b>	<b>Can you limit this sharing?</b>
<b>For our everyday business purposes</b> -- such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
<b>For joint marketing with other financial companies</b>	No	We don't share
<b>For our affiliates' everyday business purposes</b> -- information about your transactions and experiences	Yes	No
<b>For our affiliates' everyday business purposes</b> -- information about your creditworthiness	No	We don't share
<b>For affiliates to market to you</b> -- to offer our products and services to you.	Yes	No
<b>For nonaffiliates to market to you</b>	No	We don't share

<b>Questions?</b>	Please Contact: QBE Americas, Inc. Attn: Privacy Official Corporate Legal Department One General Drive Sun Prairie, WI 53596 1.800.362.5448
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<b>Who we are</b>	
<b>Who is providing this notice?</b>	QBE U.S. legal entities that use the names listed on page 3 of this Notice.

<b>What we do</b>	
How does QBE protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does QBE collect my personal information?	If we need to confirm or obtain additional information about our customers, we may contact outside sources. These sources may include agents, brokers, insurance support organizations, consumer reporting agencies, medical providers and government agencies. The information we collect from these outside sources may include claims history, employment information and medical reports. Information obtained from outside sources may be kept by these outside sources and disclosed to other persons, as permitted by law.
Why can't I limit all sharing?	<p>Federal law gives you the right to limit some but not all sharing related to:</p> <ul style="list-style-type: none"> <li>• affiliates' everyday business purposes -- information about your credit worthiness</li> <li>• affiliates from using your information to market to you</li> <li>• nonaffiliates to market to you</li> </ul> <p>State laws and individual QBE companies may give you more rights to limit sharing.</p>

<b>Definitions</b>	
Affiliates	Companies related by common ownership or control. They can be insurance and non-insurance companies. Our affiliates include companies listed on page 3 of this Notice.
Nonaffiliates	Companies not related by common ownership or control. They can be insurance and non-insurance companies.
Third Parties	<p>QBE carefully chooses service providers to help us provide quality insurance services to our customers. We are careful to protect customer privacy when we share information with them. We may share customer information with the types of third parties listed below</p> <ul style="list-style-type: none"> <li>• Financial service providers. (For example, insurance agents).</li> <li>• Hospitals, medical clinics or physicians.</li> <li>• Adjusters, appraisers, investigators and attorneys (To investigate or settle a claim involving you).</li> <li>• Insurance-support organizations that help detect and prevent insurance crimes or fraudulent claims (such as the National Insurance Crime Bureau). Information collected by such organizations may be kept by them and later shared with others who use these reports.</li> <li>• People that conduct actuarial or underwriting studies.</li> <li>• Companies that perform services for us or on our behalf. (For example, vendors we hire to respond to customer requests or to maintain or develop software for us).</li> </ul> <p>We require third parties to comply with strict standards regarding security and confidentiality of customer information. They are not permitted to release customer information or use it for their own purposes. Third parties are also not allowed to sell any customer information we share with them to any other party.</p> <p>There may be times when we are required by law to disclose information about you to nonaffiliated third parties. For example, we may disclose information in response to a subpoena. We may share information to help detect or prevent fraud. We may have to give information to law enforcement or governmental agencies. We also may share information if you give us written permission first.</p> <p>We do not sell or share customer information to or with any party outside of QBE for purposes of independently selling their products to our customers.</p>

## Other important information

### How You Can Review Recorded Information About You:

People covered under your policy have the right to review information about them in our files. They may write us at the address shown on this notice if they want to know what information we have on file. We will need their complete name, address, date of birth, and all your policy numbers. They will need to tell us what information they would like to receive or view. We will act on their request within 30 days of receiving it. We will let them know the nature of the information about them in our files. We will tell them with whom we have shared this information in the past two years. We will also give them the name and address of any consumer reporting agency that prepared a report about them in our files. They can contact the consumer reporting agency to get a copy of that report.

If they would prefer to view and copy the information in the file in person, they will need to let us know in their request.

### If You Disagree With Our Records:

A person covered under your policy should contact us if they think any of our information is incorrect. They should tell us what is wrong and why. They may ask us to correct, amend or delete it. Within 30 days of receiving their request, we will change their information in our files or let them know that we refused to change their information.

If we make any changes to their information, we will let them know of those changes. We will also let the parties listed below know of those changes.

- Any party that may have, in the past 2 years, been given such information.
- Any insurance-support organization that we have given the information to within the past 7 years.
- Any insurance-support organization that gave us the information.
- Consumer Reporting Agencies (CRAs).

If we do not make changes, we will give them the reasons why and let them know of their right to file a statement. Their statement should tell us what they think is the correct information. They should also tell us why they disagree with our refusal. Their statements will be kept in their file and given to anyone that reviews the information. If we need to disclose the disputed information, we will mark the matter(s) in dispute and include their statement(s).

**Privacy Policy Changes:** We will notify you if we make changes to our privacy policy. We may make changes to comply with applicable laws or to conform to our current business practices. QBE reserves the right to change its privacy policies at any time.

## QBE U.S. legal entities

### This notice is being provided on behalf of the following QBE affiliates:

QBE Insurance Corporation  
QBE Specialty Insurance Company  
Praetorian Insurance Company

North Pointe Insurance Company  
Stonington Insurance Company

QBE is a registered service mark of QBE Insurance Group Limited.

## Dwelling Hazard Coverage Form

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Proof of mailing will be sufficient proof of notice.

- (1) We may cancel this policy by mailing notice of cancellation to the Additional Named Insured at the address shown on the Additional Named Insured Endorsement or by delivering the notice not less than 30 days prior to the effective date of the cancellation.
- (2) When this policy has been in effect for less than 60 days and is not a renewal with us, we may cancel for any reason by letting you know at least 10 days before the date cancellation takes effect.
- (3) When this policy has been in effect for 60 days or more, or at any time if it is a renewal with us, we may cancel:
  - (a) if there has been a material misrepresentation of fact which if known to us would have caused us not to issue the policy, or
  - (b) if the risk has changed substantially since the policy was issued.This can be done by letting you know at least 30 days before the date cancellation takes effect.
- (4) When this policy is written for a period of more than one year, we may cancel for any reason at anniversary by letting you know at least 30 days before the date cancellation takes effect.

d. When this policy is canceled, the premium for the period from the date of cancellation to the expiration date will be refunded pro rata.

e. If the return premium is not refunded with the notice of cancellation or when this policy is returned to us, we will refund it within a reasonable time after the date cancellation takes effect.

**16. Non-Renewal.** We may elect to not renew this policy. If the Named Insured Mortgagee no longer has an interest in the policy as of the expiration of the policy term, this policy will not be renewed. If the policy is not renewed, a non renewal notice will be provided to the Additional Named Insured (mortgagor) by written notice within the number of days required by the insurance statutes of the state where the property is located. Notice will be sent to the last known address of the Additional Named Insured (mortgagor). Proof of mailing will be sufficient proof of notice.

**17. Liberalization Clause.** If we make a change which broadens coverage under this edition of our policy without additional premium charge, that change will automatically apply to your insurance as of the date we implement the change in your state, provided that this implementation date falls within 60 days prior to or during the policy period stated in the Declarations.

This Liberalization Clause does not apply to changes implemented through introduction of a subsequent edition of our policy.

**18. Waiver or Change of Policy Provisions.** A waiver or change of a provision of this policy must be in writing by us to be valid. Our request for an appraisal or examination will not waive any of our rights.

**19. Assignment.** Assignment of this policy will not be valid unless we give our written consent.

**20. Death.** If you die, we insure:

- a. your legal representatives but only with respect to the property of the deceased covered under the policy at the time of death;
- b. with respect to your property, the person having proper temporary custody of the property until appointment and qualification of a legal representative.

**21. Nuclear Hazard Clause.**

- a. "Nuclear Hazard" means any nuclear reaction, radiation or radioactive contamination, all whether controlled or uncontrolled or however caused, or any consequence of any of these.
- b. Loss caused by the nuclear hazard will not be considered loss caused by fire, explosion, or smoke, whether these perils are specifically named in or otherwise included within the Perils Insured Against.
- c. This policy does not apply to loss caused directly or indirectly by nuclear hazard, except that direct loss by fire resulting from the nuclear hazard is covered.

**22. Recovered Property.** If you or we recover any property for which we have made payment under this policy, you or we will notify the other of the recovery. At your option, the property will be returned to or retained by you or it will become our property. If the recovered property is returned to or retained by you, the loss payment will be adjusted on the amount you received for the recovered property.

**23. Volcanic Eruption Period.** One or more volcanic eruptions that occur within a 72-hour period will be considered as one volcanic eruption.

**7. Appraisal.** If you and we fail to agree on the amount of loss, either may demand an appraisal of the loss. In this event, each party will choose a competent appraiser within 20 days after receiving a written request from the other. The two appraisers will choose an umpire. If they cannot agree upon an umpire within 15 days, you or we may request that the choice be made by a judge of a court of record in the state where the Described Location is located. The appraisers will separately set the amount of loss. If the appraisers submit a written report of an agreement to us, the amount agreed upon will be the amount of loss. If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will set the amount of loss.

Each party will:

- a. Pay its own appraiser; and
- b. bear the other expenses of the appraisal and umpire equally.

**8. Other Insurance.** This policy prohibits other insurance. In the event that the Additional Named Insured (mortgagor) has voluntary insurance with an effective date on or before the effective date of any coverage issued under this policy, this policy will be cancelled on its effective date and all premiums will be refunded. In the event that the Additional Named Insured (mortgagor) obtains insurance during the term of any coverage issued under this policy, this policy will be cancelled as of the effective date of such coverage and the premium will be refunded on a pro rata basis.

**9. Subrogation.** You may waive in writing before a loss all rights of recovery against any person. If not waived, we may require an assignment of rights of recovery for a loss to the extent that payment is made by us.

If any assignment is sought, the person insured must sign and deliver all related papers and cooperate with us.

**10. Suit Against Us.** No action can be brought unless the policy provisions have been complied with and the action is started within one year after the date of loss.

**11. Our Option.** If we give you written notice within 30 days after we receive your signed, sworn proof of loss, we may repair or replace any part of the damaged property with like property.

**12. Loss Payment.** We will adjust all losses with you. We will pay you unless some other person is named in the policy or is legally entitled to receive payment. Loss will be payable 60 days after we receive your proof of loss and:

- a. reach an agreement with you;
- b. there is an entry of a final judgment; or
- c. there is a filing of an appraisal award with us.

No coverage will be available to any mortgagee other than that shown as the Named Insured Mortgagee on the Declarations page of this policy.

**13. Abandonment of Property.** We need not accept any property abandoned by you.

**14. No Benefit to Bailee.** We will not recognize any assignment or grant any coverage that benefits a person or organization holding, storing or moving property for a fee regardless of any other provision of this policy.

**15. Cancellation.**

- a. The intent of this policy is to provide coverage for the Named Insured Mortgagee if the Additional Named Insured (mortgagor) fails to provide insurance which meets the requirements of the Named Insured Mortgagee. If the Named Insured Mortgagee no longer has an interest in the mortgaged property, this policy may be cancelled as of the effective date that the Named Insured Mortgagee no longer has an interest or at the election of the Named Insured Mortgagee this policy may remain in force until the expiration date shown on the individual certificate or policy of insurance. If the Additional Named Insured (mortgagor) provides evidence of insurance or if it is determined that the property insured by this policy is insured by "other insurance", this policy will be cancelled as of the effective date of the other insurance and all unearned premium will be refunded. If Additional Named Insured (mortgagor) provides evidence of insurance that meets the requirements of the Named Insured Mortgagee, this policy will be cancelled as of the effective date of the policy provided by the Additional Named Insured (mortgagor) and all unearned premium will be refunded on a pro rata basis.
- b. This policy may be canceled by the Named Insured Mortgagee by returning the policy to us or notifying us in writing the date cancellation is to become effective.
- c. We may cancel this policy only for the reasons stated below by letting you know in writing of the date cancellation takes effect. This cancellation notice may be delivered to you, or mailed to you at your mailing address shown in the declarations.

- a. for an amount greater than the interest of a person insured under this policy; or
- b. for more than the applicable amount of insurance.

If the Described Property is vacant and the mortgage on the property has been declared in default by the mortgagee at the time of a loss, we shall be liable for no more than the Mortgagee's interest in the property at the time of loss.

The mortgagee's interest is represented by the mortgagor's unpaid balance, less unearned interest and finance charges, less unearned insurance premiums, less collection and foreclosure expenses, and less late charges and penalties added to the mortgagor's unpaid balance after the inception date of this policy.

**3. Concealment or Fraud.** The entire policy will be void if, whether before or after a loss, you have:

- a. intentionally concealed or misrepresented any material fact or circumstance;
- b. engaged in fraudulent conduct; or
- c. made false statements;

relating to this insurance.

**4. Your Duties After Loss.** In case of a loss to your covered property, you must see that the following are done:

- a. give prompt notice to us or our agent;
- b. (1) protect the property from further damage;  
(2) make reasonable and necessary repairs to protect the property; and  
(3) keep an accurate record of repair expenses;
- c. as often as we reasonably require:  
(1) show the damaged property;  
(2) provide us with records and documents we request and permit us to make copies; and  
(3) submit to examination under oath, while not in the presence of any other named insured, and sign the same;
- d. send to us, within 60 days after our request, your signed, sworn proof of loss which sets forth, to the best of your knowledge and belief:  
(1) the time and cause of loss;  
(2) your interest and that of all others in the property involved and all liens on the property;  
(3) other insurance which may cover the loss;  
(4) changes in title or occupancy of the property during the term of the policy;  
(5) specifications of damaged buildings and detailed repair estimates;

**5. Loss Settlement.** Covered property losses are settled as follows:

- a. (1) Awnings, carpeting, household appliances, outdoor antennas and outdoor equipment, whether or not attached to buildings; and  
(2) Structures that are not buildings;  
at actual cash value at the time of loss but not more than the amount required to repair or replace.
- b. Buildings under Coverage A or B at replacement cost without deduction for depreciation, subject to the following:
  - (1) We will pay the cost to repair or replace, after application of deductible and without deduction for depreciation, but not more than the least of the following amounts:
    - (a) the amount of insurance under this policy that applies to the building;
    - (b) the replacement cost of that part of the building damaged for like construction and use on the same premises; or
    - (c) the necessary amount actually spent to repair or replace the damaged building.
  - (2) We will pay no more than the actual cash value of the damage unless:
    - (a) actual repair or replacement is complete; or
    - (b) the cost to repair or replace the damage is both:
      - (i) less than 5% of the amount of insurance in this policy on the building; and
      - (ii) less than \$2,500.
  - (3) You may disregard the replacement cost loss settlement provisions and make claim under this policy for loss or damage to buildings on an actual cash value basis. You may then make claim within 180 days after loss for any additional liability on a replacement cost basis.

**6. Glass Replacement.** Loss for damage to glass caused by a Peril Insured Against will be settled on the basis of replacement with safety glazing materials when required by ordinance or law.

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## GENERAL EXCLUSIONS

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1. We do not insure for loss caused directly or indirectly by any of the following. Such loss is excluded regardless of any other cause or event contributing concurrently or in any sequence to the loss.
  - a. **Ordinance or Law**, meaning enforcement of any ordinance or law regulating the use, construction, repair, or demolition of a building or other structure, unless specifically provided under this policy.
  - b. **Earth Movement**, meaning earthquake including land shock waves or tremors before, during or after a volcanic eruption; landslide; mine subsidence; mudflow; earth sinking; rising or shifting; unless direct loss by:
    - (1) fire;
    - (2) explosion; or
    - (3) breakage of glass or safety glazing material which is part of a building, storm door or storm window; ensues and then we will pay only for the ensuing loss.
  - c. **Water Damage**, meaning:
    - (1) flood, surface water, waves, tidal water, overflow of a body of water, or spray from any of these, whether or not driven by wind;
    - (2) water which backs up through sewers or drains or which overflows from a sump; or
    - (3) water below the surface of the ground, including water which exerts pressure on or seeps or leaks through a building, sidewalk, driveway, foundation, swimming pool or other structure.Direct loss by fire or explosion resulting from water damage is covered.
  - d. **Power Failure**, meaning the failure of power or other utility service if the failure takes place off the Described Location. But, if a Peril Insured Against ensues on the Described Location, we will pay only for that ensuing loss.
  - e. **Neglect**, meaning your neglect to use all reasonable means to save and preserve property at and after the time of a loss.
  - f. **War**, including undeclared war, civil war, insurrection, rebellion, revolution, warlike act by a military force or military personnel, destruction or seizure or use for a military purpose, and including any consequence of any of these. Discharge of a nuclear weapon will be deemed a warlike act even if accidental.
  - g. **Nuclear Hazard**, to the extent set forth in the Nuclear Hazard Clause of the Conditions.
  - h. **Intentional Loss**, meaning any loss arising out of any act committed:
    - (1) by or at the direction of you or any person or organization named as an additional insured; and
    - (2) with the intent to cause a loss.
2. We do not insure for loss to property described in Coverages A and B caused by any of the following. However, any ensuing loss to property described in Coverages A and B not excluded or excepted in this policy is covered.
  - a. **Weather conditions**. However, this exclusion only applies if weather conditions contribute in any way with a cause or event excluded in paragraph 1. above to produce the loss;
  - b. **Acts or decisions**, including the failure to act or decide, of any person, group, organization or governmental body;
  - c. **Faulty, Inadequate or defective**:
    - (1) planning, zoning, development, surveying, siting;
    - (2) design, specifications, workmanship, repair, construction, renovation, remodeling, grading, compaction;
    - (3) materials used in repair, construction, renovation or remodeling; or
    - (4) maintenance;of part or all of any property whether on or off the Described Location.
3. We do not insure trees, shrubs or other plants for losses of any kind.

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## CONDITIONS

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1. **Policy Period**. This policy applies only to loss which occurs during the policy period.
2. **Insurable Interest and Amount of Insurance**. Even if more than one person has an insurable interest in the property covered, we will not be liable in anyone loss:

This coverage does not increase the amount of insurance that applies to the covered property. Reasonable Repairs are included in the amount of insurance applying to Coverage A.

4. **Collapse.** We insure for risk of direct damage physical loss to covered property involving collapse of a building or any part of a building caused only by one or more of the following:

- (1) hidden decay;
- (2) hidden insect or vermin damage;
- (3) weight of contents, equipment, animals or people;
- (4) weight of rain which collects on a roof;
- (5) use of defective material or methods in construction, remodeling or renovation if the collapse occurs during the course of the construction, remodeling or renovation.

Loss to an awning, fence, patio, pavement, swimming pool, underground pipe, flue, drain, cesspool, septic tank, foundation, retaining wall, bulkhead, pier, wharf or dock is not included under items (1), (2), (3), (4) or (5) unless the loss is a direct result of the collapse of a building.

Collapse does not include settling, cracking or shrinking.

This coverage does not increase the amount of insurance applying to the damaged covered property.

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#### PERILS INSURED AGAINST

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#### COVERAGE A - DWELLING

#### COVERAGE B - OTHER STRUCTURES

We insure against risk of direct loss to property described in Coverages A and B only if that loss is a physical loss to property; however, we do not insure loss:

1. involving collapse, other than as provided in Other Coverages 4.;
2. caused by:
  - a. freezing of a plumbing, heating, air conditioning or automatic fire protective sprinkler system or of a household appliance, or by discharge, leakage or overflow from within the system or appliance caused by freezing. This exclusion applies only while the dwelling is being constructed;
  - b. freezing, thawing, pressure or weight of water or ice, whether driven by wind or not, to a:
    - (1) fence, pavement, patio or swimming pool;
    - (2) foundation, retaining wall or bulkhead; or
    - (3) pier, wharf or dock;
  - c. theft of property not part of a covered building or structure;
  - d. theft in or to a dwelling or structure under construction;
  - e. wind, hail, ice, snow or sleet to outdoor radio or television antennas and aerials including lead-in wiring, masts or towers;
  - f. constant or repeated seepage or leakage of water or steam over a period of weeks, months or years from within a plumbing, heating, air conditioning or automatic fire protective sprinkler system or from within a household appliance;
  - g. (1) wear and tear, marring, deterioration;
    - (2) inherent vice, latent defect, mechanical breakdown;
    - (3) smog, rust or other corrosion, mold, wet or dry rot;
    - (4) smoke from agricultural smudging or industrial operations;
    - (5) discharge, dispersal, seepage, migration, release or escape of pollutants;  
Pollutants means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed;
    - (6) settling, shrinking, bulging or expansion, including resultant cracking, or pavements, patios, foundations, walls, floors, roofs or ceilings; or
    - (7) birds, vermin, rodents, insects or domestic animals.

If any of these cause water damage not otherwise excluded, from a plumbing, heating, air conditioning or automatic fire protective sprinkler system or household appliance, we cover loss by the water including the cost of tearing out and replacing any part of a building necessary to repair the system or appliance.

We do not cover loss to the system or appliance from which this water escaped.

3. excluded under General Exclusions.

## Dwelling Hazard Coverage Form

### AGREEMENT

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy.

### DEFINITIONS

In this policy, "you" and "your" refer to the "Named Insured Mortgagee" and the "Additional Named Insured" shown in the Declarations. "We", "us" and "our" refer to the Company providing this insurance.

### COVERAGES

This Insurance applies to the Described Location, Coverages for which an Amount of Insurance is shown and Perils Insured Against for which a Premium is stated.

#### COVERAGE A - Dwelling

We cover:

1. the dwelling on the Described Location shown in the Declarations, used principally for dwelling purposes not to exceed four (4) living units, including, but not limited to, individually owned townhouses or permanently situated mobile homes;
2. structures attached to the dwelling;
3. materials and supplies located on or next to the Described Location used to construct, alter or repair the dwelling or other structures on the Described Location; and
4. if not otherwise covered in this policy, building equipment, and outdoor equipment used for the service of and located on the Described Location.

This coverage does not apply to land, including land on which the dwelling is located.

#### COVERAGE B - Other Structures

We cover other structures on the Described Location, set apart from the dwelling by clear space. This includes structures connected to the dwelling by only a fence, utility line, or similar connection.

This coverage does not apply to land, including land on which the other structures are located.

We do not cover other structures:

1. used in whole or in part for commercial, manufacturing or farming purposes; or
2. rented or held for rental to any person not a tenant of the dwelling, unless used solely as a private garage.

### OTHER COVERAGES

1. **Other Structures.** You may use up to 10% of the Coverage A amount of insurance for loss by a Peril Insured Against to other structures described in Coverage B.  
Use of this coverage does not reduce the Coverage A amount of insurance for the same loss.
2. **Debris Removal.** We will pay your reasonable expense for the removal of:
  - a. debris of covered property if a Peril Insured Against causes the loss; or
  - b. ash, dust or particles from a volcanic eruption that has caused direct loss to a building or property contained in a building.Debris removal expense is included in the amount of insurance applying to Coverage A.
3. **Reasonable Repairs.** In the event that covered property is damaged by an applicable Peril Insured Against, we will pay the reasonable cost incurred by you for necessary measures taken solely to protect against further damage. If the measures taken involve repair to other damaged property, we will pay for those measures only if that property is covered under this policy and the damage to that property is caused by an applicable Peril Insured Against.



## SIGNATURE PAGE

In witness whereof, we, as officers of the stock Company designated on the Declarations Page, have caused this policy to be executed and attested. If required by state law, this policy shall not be valid unless countersigned by our authorized representative.

A handwritten signature in black ink that appears to read "Peter T. Maloney".

Peter T. Maloney

Secretary

A handwritten signature in black ink that appears to read "David B. Duclos".

David B. Duclos

President

## MASSACHUSETTS SPECIAL PROVISIONS

This endorsement attaches to and becomes a part of the Dwelling Hazard Coverage Form.

### DEFINITIONS

The term "Actual Cash Value" means:

The amount which it would cost to repair or replace covered property with material of like kind and quality, less allowance for physical deterioration and depreciation, including obsolescence.

### GENERAL EXCLUSIONS

1. **Ordinance or Law** is deleted and replaced by the following:

1. **Ordinance or Law**, meaning any ordinance or law:

- a. Requiring or regulating the construction, demolition, remodeling, renovation or repair of property, including removal of any resulting debris.
- b. The requirements of which result in a loss in value to property; or
- c. Requiring you or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of, pollutants.

Pollutants means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.

This exclusion applies whether or not the property has been physically damaged.

2. **Earth Movement** is deleted and replaced by the following:

2. **Earth Movement**, meaning earthquake, including land shock waves or tremors before, during or after a volcanic eruption; landslide; mine subsidence; mudflow; earth sinking, rising or shifting; unless direct loss by:

- a. Fire; or
- b. Explosion;

ensues and then we will pay only for the ensuing loss.

4. **Power Failure** is deleted and replaced by the following:

4. **Power Failure**, meaning the failure of power or other utility service if the failure takes place off the Described Location. But if the failure of power or other utility service results in a loss, from a PERIL INSURED AGAINST on the Described Location, we will pay for the loss or damage caused by that PERIL INSURED AGAINST.

### CONDITIONS

4. **Your Duties After Loss.**

Paragraphs b., c., and d. are deleted and replaced by the following:

- b. Protect the property from further damage; make reasonable and necessary repairs required to protect the property; keep an accurate record of repair expenditures. Some or all of these expenses may be reimbursable under this policy.
- c. We may reasonably require you to:
  - (1) Exhibit the damaged property;
  - (2) Provide us with records and documents pertinent to the loss and permit us to make copies; and
  - (3) Submit to an examination under oath while not in the presence of any other named insured, and sign the same.
- d. Submit to us, within 60 days after we request, your signed, sworn Proof of Loss which sets forth, to the best of your knowledge and belief:
  - (1) The time and cause of loss;
  - (2) Your interest and that of all others in the property involved and all liens on the property;
  - (3) Other insurance which may cover the loss;
  - (4) Changes in title or occupancy of the property during the term of the policy;
  - (5) Detailed estimates for repair of the damage;

**7. Appraisal** is deleted and replaced by the following:

**7. Appraisal.** If you and we fail to agree on the amount of loss, we shall, upon receipt of your written request to do so, refer the matter to a three member board of referees. They are selected and must act according to the procedures set by the law. Their decision will be binding. This board does not make decisions about matters of coverage or fault.

**10. Suit Against Us** is deleted and replaced by the following:

**10. Suit Against Us.** No action can be brought unless the policy provisions have been complied with and the action is started within two years after the date loss or damage occurs. However, if a court prevents the start or continuance of the action, but at a later date allows the action to resume, it must be resumed within one year of the court order. If a disagreement about the amount of loss has been referred to a board of referees within two years of the date of loss, any action against us must be started within 90 days after the board's decision.

**11. Our Option** is deleted and replaced by the following:

**11. Our Option.** If we give you written notice within 15 days after we receive your Proof of Loss, we may repair or replace any part of the property damaged with like property.

**12. Loss Payment** is deleted and replaced by the following:

**12. Loss Payment.** We will adjust all losses with you. We will pay you unless some other person is named in the policy or is legally entitled to receive payment. Loss will be payable within 30 days after we receive your Proof of Loss.

All applicable sales taxes are considered a part of any loss under this policy.

We shall pay you interest at the rate of one percent over the prime interest rate on the agreed figure commencing 30 days after the date of an executed Proof of Loss for such figure is received by us. This interest is to continue as long as the claim remains unpaid.

**15. Cancellation.** Paragraphs c. and e. are deleted and replaced by the following:

c. We may cancel this policy only for the reasons stated below by notifying you in writing of the date cancellation takes effect and the reason for cancellation. This cancellation notice may be delivered to you or mailed, by first class mail, to the mailing address shown in the Declarations or to your last address known to us. A United States Postal Service certificate of mailing showing your name and that address will be sufficient proof of notice.

(1) When you have not paid the premium, we may cancel at any time by letting you know at least 10 days before the date cancellation takes effect.

However, you may continue the coverage and avoid the effect of the cancellation by payment at any time prior to the effective date of cancellation.

(2) When this policy has been in effect for less than 60 days, we may cancel for any reason, other than nonpayment of premium, by letting you know at least 5 days before the date cancellation takes effect.

(3) When this policy has been in effect 60 days or more, or after 60 days from any anniversary date, we may cancel for one or more of the following reasons by letting you know 5 days before the date cancellation takes effect:

(a) Conviction of an act which increases the chance of a loss under this policy;

(b) Discovery of fraud or material misrepresentation by the insured in obtaining this policy;

(c) Discovery of willful or reckless acts or omissions by the insured increasing the hazard insured against;

(d) Physical changes in the property insured which result in the property becoming uninsurable;

(e) A determination by the commissioner that continuation of the policy would violate or place the insurer in violation of the law.

e. If the return premium is not refunded with the notice of cancellation or when this policy is returned to us, we will refund it when ascertained.

**16. Non-Renewal** is deleted and replaced by the following:

**16. Non-Renewal.** Ordinarily we will renew this policy automatically and send you the renewal notice. Our notice will explain what you should do if you do not want to continue the policy.

We may elect not to renew this policy. We may do so by delivering to you or mailing to you at your last mailing address shown in the Declarations, written notice at least 45 days before the expiration date of this policy.

The following conditions are added:

**24. City or Town Liens.**

a. We are required by Massachusetts General Law to obtain from you a certificate of municipal liens from the collector of taxes of the city or town in which the property is located if a loss by the perils insured against in this policy equals or exceeds \$5,000 for loss to a building or structure.

The above paragraph shall not apply to any owner occupied one to four family dwelling if the owner of the dwelling was residing there at the time the loss or damage occurred.

b. We are also required by Massachusetts law that we must notify the local:

- (1) Inspector of buildings;
- (2) Fire department or arson squad; and
- (3) Board of Health;

at least 10 days before we make a payment of \$1,000 or more for loss to a building or structure.

We must also give notice if there is damage which makes a building a health or safety hazard or dangerous or unsafe for occupancy regardless of the amount of our payment.

**Additional Conditions Applicable to City or Town Liens:**

(1) If prior to a payment we receive official notice of a pending or existing lien against your property, we must delay payment until the matter is settled. If we are required to pay all or part of the amount of the lien, we will not be obliged to pay that amount to you.

(2) (a) The following condition applies to a. above:

We will not be liable to any insured owner, mortgagee, assignee, city or town, or other interested party for amounts paid to a city or town or for amounts not paid to a city or town based upon a certificate indicating the nonexistence of any municipal liens.

(b) The following condition applies to b. above:

We will not be liable to any insured owner, mortgagee, assignee, city or town, or other interested party for amounts paid to a city or town or for amounts not paid to a city or town.

**25. Vacancy.** Unless otherwise provided in writing we will not be liable for loss caused by fire or lightning occurring while a described building is vacant, whether intended for occupancy by owner or tenant, beyond a period of 60 consecutive days for residential purposes of three units or less, and 30 consecutive days for all other residential purposes.

All other provisions of this policy apply.

**REAL ESTATE OWNED (REO) ENDORSEMENT**

**The attachment of this endorsement to the policy issued under the Dwelling Hazard Coverage Form is hereby extended to include properties owned by the named insured mortgagee as a result of foreclosure or properties held by the lender as a result of a trust agreement. "Described Property Location" indicated on the policy declaration applies to Real Estate Owned property.**

Coverage applies to Residential properties (dwelling only) in which the Named Insured Mortgagee has insurable interest as mortgagee, as servicing agent by written agreement, as owner of real estate property through foreclosures, or as trustee by agreement. Individual covered properties are specified in the Additional Named Insured Certificate issued under this policy or listed on a log of REO properties provided to the company on a periodic basis.

All other terms and conditions of the policy remain unchanged.



THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.

## DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT



This policy includes coverage for Certified Acts of Terrorism. The charge for this coverage is \$0.

**NOTE:** The premium above is for certain losses resulting from certified acts of terrorism as covered pursuant to coverage provisions, limitations and exclusions in this policy. You should read the definition in your policy carefully, but generally speaking, "certified" acts of terrorism are acts that exceed \$5 million in aggregate losses to the insurance industry and which are subsequently declared by the U.S. Secretary of the Treasury as a certified terrorist act under the Terrorism Risk Insurance Act. Some losses resulting from certified acts of terrorism are not covered. Read your policy and endorsements carefully.

### A. Disclosure of Premium

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

### B. Disclosure of Federal Participation in Payment of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk

Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

### C. Cap on Insurer Participation in Payment of Terrorism Losses

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portions of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

## CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

This endorsement modifies Insurance provided under the following:

- Dwelling Hazard Coverage Form
- Commercial Hazard Coverage Form
- Dwelling Windstorm/Hail Coverage Form

### A. Cap on Certified Terrorism Losses

"Certified Acts of Terrorism" means an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act. The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" include the following:

1. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

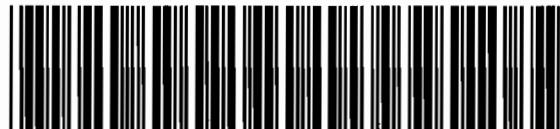
### B. Application of Exclusions

The terms and limitations of any terrorism exclusion, or the inapplicability or omission of terrorism exclusion, do not serve to create coverage for any loss which would otherwise be excluded under this Coverage Part or Policy, such as losses excluded by the Nuclear Hazard Exclusion or the War and Military Action Exclusion.



HOME LOAN TEAM (BACREMFDR\_10312013)  
9700 Bissonnet Street  
Suite 1500  
Houston, TX 77036

Paul Jones  
572 Park St  
Stoughton, MA 02072



ORIGIN ID:NZWA 0  
PAUL JONES  
572 PARK ST  
STOUGHTON, MA 02072  
UNITED STATES US

SHIP DATE: 01NOV13  
ACTWGT: 0.118  
CAD: 5/57449/VSX12250  
BILL THIRD PARTY

TO **HOME LOAN TEAM**  
**BACNGSFDR**  
**9700 BISSONNET STREET**  
**SUITE 1500**  
**HOUSTON TX 77036**

18774221761 REF: ORDERID: 10646566  
INV:  
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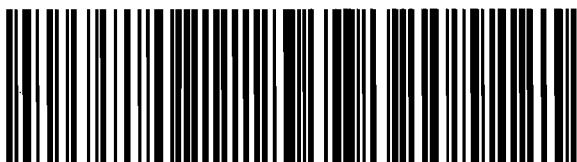


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MON - 04 NOV AA  
TRK# 7970 6072 3052 STANDARD OVERNIGHT

0201 **XH SGRA**

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TX-US IAH



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DO NOT DISCARD !



PO Box 5170  
Simi Valley, CA 93062-5170

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MSR A2D00101 0611000000000000 BFCESTAD ~ 2CCIRSTE

PAUL JONES  
572 PARK ST  
STOUGHTON MA 02072-3645



#### Customer service information



Customer service: 1.800.669.6607

TDD/TTY users only: 1.800.300.6407

En Español: 1.800.295.0025

Monday-Friday 7 a.m. to 7 p.m. Local Time

Account number

059231592

Payment due date

January 1, 2014

<b>Total Amount Due</b>	<b>\$278,165.38</b>
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## Your Home Loan Account

Statement date: December 16, 2013



Your loan is in the foreclosure process. This statement provides an estimate of the outstanding amounts due on your loan. Do not send in this amount. If you would like to reinstate your loan, please contact your assigned customer relationship manager at the number above.

### Account information

Principal balance	\$269,013.44
Escrow balance	-\$47,755.94
Interest rate until 08/2014	7.375%
Prepayment penalty	No

### Past payments breakdown

	Paid since last statement	Paid year to date*
Principal	\$0.00	\$0.00
Interest	\$0.00	\$0.00
Escrow (taxes and insurance)	\$0.00	\$0.00
Fees, charges, and advances	\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>

### Explanation of total amount due

Principal	\$425.04
Interest	\$1,505.53
Escrow (taxes and insurance)	\$657.68
<b>Regular monthly payment</b>	<b>\$2,588.25</b>
Current period fees and charges	\$161.26
Overdue payments, fees, and charges	\$275,415.87
<b>Total amount due</b>	<b>\$278,165.38</b>

\*Please see the "Other important information" section of this statement

### Additional account information

Property Address	572 PARK STREET
Loan type	30 Yr Adj Rate Mtge
Contractual remaining term	27 Years, 11 Months

### Transaction activity (10/16/13 to 12/16/13)

Date	Description	Charges	Payments
10/30/13	Late Fees (full payment not received by 09/01/2006)	65.63	
10/30/13	Late Fees (full payment not received by 10/01/2006)	65.63	
11/04/13	HAZ INS CREDIT		3,548.10
11/11/13	Property Inspection	15.00	
12/11/13	Property Inspection	15.00	

PAUL JONES

| Account 1592

| December 16, 2013

Page 2 of 4

## Additional contact information



**Housing Counselor Information:** If you would like counseling or assistance, you can contact the U.S. Department of Housing and Urban Development (HUD). For a list of homeownership counselors or counseling organizations in your area, go to [hud.gov/offices/hsg/sfh/hcc/hcs.cfm](http://hud.gov/offices/hsg/sfh/hcc/hcs.cfm) or call 1.800.569.4287.

General Inquiries

Insurance matters

PO Box 5170  
Simi Valley, CA 93062-5170

Insurance Dept.  
PO Box 961291  
Fort Worth, TX 76161-0291

**Notice of Error, Requests for information and Qualified Written Requests (as defined in RESPA) must be sent to:** PO Box 942019, Simi Valley, CA 93094-2019. You have certain rights under federal law to resolve errors and request information related to your account. For more information about these rights, you can go to [bankofamerica.com](http://bankofamerica.com) or contact us.

## Other important information

**Account information:** We may have an incorrect telephone number for you. Please contact Customer Service so that we may update our records.

**Bank of America, N.A..** is required by law to inform you that this communication is from a debt collector: If you are currently in a bankruptcy proceeding or have previously obtained a discharge of this debt under bankruptcy law, this notice is for informational purposes only and is not an attempt to collect a debt, a demand for payment or an attempt to impose personal liability for a discharged debt.

**Credit reporting notice:** We may report information about your account to credit bureaus. Late payments, missed payments or other defaults on your account may be reflected in your credit report.

### Learn more about your new statement

Refer to the guide included with your first new statement to learn more about key sections and specific features. You can also access this guide at <http://message.bankofamerica.com/StatementInformation>. If you have any questions, feel free to call us at the customer service number printed on your statement.

**Paid year to date:** Balances in the Past Payment Breakdown section should NOT be used for year-end tax reporting. Please use the information on IRS Form 1098 that will be provided during tax season for reporting purposes. Balances for loans that have been service-transferred or have undergone modification, will reflect activity that has occurred since the date of transfer or modification only.

**Payoff:** You can request payoff figures by calling 1.800.669.5833. If Bank of America, N.A. receives funds greater than the amount required to pay off your loan, we will automatically process and refund the overage within 20 business days after the payoff.

**Statement information:** The information contained in this statement is accurate as of the date of this statement but may not contain all information related to your loan. For the most up to date and complete information regarding your loan, please contact customer service.



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## Your Home Loan Account

PAUL JONES

| Account 1592

| December 16, 2013

Page 3 of 4

### Delinquency notice

 Your Loan is in the foreclosure process. This statement provides an estimate of the outstanding amounts due on your loan. Do not send in this amount. If you would like to reinstate your loan, please contact your assigned Customer Relationship Manager.

### Recent account history

Payment due date	Total amount due	Unpaid balance due	Outstanding balance due
	\$0.00	Prior to 06/01/13	\$243,072.96
06/01/13	\$2,564.80	\$2,564.80	\$245,637.76
07/01/13	\$2,564.80	\$2,564.80	\$248,202.56
08/01/13	\$2,545.71	\$2,545.71	\$250,748.27
09/01/13	\$2,545.71	\$2,545.71	\$253,293.98
10/01/13	\$2,545.71	\$2,545.71	\$255,839.69
11/01/13	\$2,545.71	\$2,545.71	\$258,385.40
12/01/13	\$2,545.71	\$2,545.71	\$260,931.11
01/01/14	\$2,588.25	\$2,588.25	\$263,519.36
	Outstanding fees and charges		\$14,646.02
	<b>Total amount due</b>		<b>\$278,165.38</b>

This represents an estimate of your total outstanding and current principal, interest, escrow (if applicable), fees and charges due. Do not send in this amount. If you would like to reinstate your loan, please contact your assigned customer relationship manager.

### Foreclosure filing

 Bank of America, N.A. has made the first notice or filing required by law for foreclosure.

There has been a payment default or other default on your loan that could result in acceleration of all sums due under the note. As a result, Bank of America, N.A. will use companies, including its affiliates LandSafe Default, Inc., LandSafe Services, LLC., LandSafe Title of California, Inc., LandSafe Title of Washington, Inc., LandSafe Title of Florida, Inc., LandSafe Services of Alabama, Inc., LandSafe Title of Texas, Inc., ReconTrust Company, N.A., and LandSafe Appraisal Services, Inc., to provide services required to protect the note holder's interest and rights in the property and under the note and security instrument, including any remedies thereunder (the "Default Related Services"). Bank of America, N.A. will assess fees to your loan account for the Default Related Services, including those provided by its affiliates. A schedule of fees that may be charged to your account for Default Related Services is available at the following web address: <http://www.bankofamerica.com/defaultfees>. If you do not have internet access, please contact customer service to have a fee schedule mailed to you. The fee schedule contains a complete list of the Default Related Services you could be charged, however it does not include a complete list of all fees or charges that could be assessed on your loan account.

As long as your loan remains delinquent, Bank of America, N.A. will conduct inspections of your property on a periodic basis. These inspections are provided for in your loan documents.

Bank of America, N.A. also offers programs that may help you bring your loan current. To speak to a Customer Relationship Manager about what programs may be available to you, call customer service.



What You  
Need  
to Do

**Foreclosure activity is  
continuing. Please  
respond by  
November 16, 2013.**

Paul Jones  
572 Park St  
Stoughton, MA 02072-3645

Loan Number: 59231592

November 01, 2013

Dear Paul Jones:

Although you have missed several of your monthly payments and your mortgage has been referred to foreclosure, it is not too late to apply for help. We want to make sure you are aware of the solutions that may be available to help you. Foreclosure activities typically begin after four missed payments, so it is important that you take action on this issue quickly because allowing your payments to become past due will put you at risk of losing your home to foreclosure.\*

**We strongly encourage you to apply for assistance.** For qualifying customers, Bank of America offers different programs to help keep you in your home, including the Home Affordable Modification Program (HAMP). If you do not intend to keep your property, we may also have other options to help you avoid foreclosure, such as a short sale or deed-in-lieu of foreclosure.

**Please act quickly before your options become limited. Send us the requested financial information and other documents listed on the enclosed Document Checklist by November 16, 2013.** We have included a pre-paid envelope for your convenience. To take advantage of the greatest number of available solutions, you must return the requested documents as soon as possible.

*We encourage you to call us if you are not interested in pursuing any loan assistance options or alternatives to foreclosure. We may be able to limit future collection calls on your account.*

We want to help, so please consider this opportunity.

Home Loan Team  
Bank of America, N.A.

\* For those qualified under the Servicemembers Civil Relief Act, foreclosure may not occur during your period of military service and an additional nine months after the end of your active duty.

Enclosures: (1) Frequently Asked Questions (2) Document Checklist (3) Information on Loss Mitigation (4) Request for Mortgage Assistance (5) IRS Form 4506-T (6) Non-Borrower Credit Authorization Form (7) Blank IRS Form 4506-T for non-borrower income (8) Important Disclosures (9) Pre-paid return envelope

In order to expedite your review for loan assistance, Bank of America, N.A. is working with a third-party company, Home Retention Services, Inc. Federal law requires that we communicate to you that Bank of America is a debt collector and also that Home Retention Services, Inc. is a licensed debt collector. However, the purpose of the communication is to let you know about your potential eligibility for a loan assistance program that may help you bring or keep your loan current through more affordable payments. Please see the enclosed insert for important disclosures from Home Retention Services, Inc.

If you are currently in a bankruptcy proceeding, or have previously obtained a discharge of this debt under applicable bankruptcy law, this notice is for information only and is not an attempt to collect the debt, a demand for payment, or an attempt to impose personal liability for that debt. You are not obligated to discuss your home loan with us or enter into a loan modification or other loan assistance program. You should consult with your bankruptcy attorney or other advisor about your legal rights and options. Please read the enclosed Frequently Asked Questions for more information.

1. Read the instructions on the Document Checklist
2. Review the enclosed:
  - Frequently Asked Questions and Important Notice to Help You Avoid Foreclosure Scams
  - Information on Loss Mitigation
3. Submit your required financial documents including:
  - Request for Mortgage Assistance (RMA)
  - IRS Form 4506-T
  - Income and Hardship documentation (described in the RMA or Document Checklist)

## Helpful Resources

Learn more online at:  
[bankofamerica.com/homeloanhelp](http://bankofamerica.com/homeloanhelp)

If you have questions or need help with your application for loan assistance, please call:

**1.877.422.1761**

Mon. - Fri. 8 a.m. - 8 p.m. ET  
Saturday 8 a.m. - 3 p.m. ET

Mortgages funded and administered by an Equal Housing Lender.

Protect your personal information before recycling this document.

**MILITARY PERSONNEL/SERVICEMEMBERS:** If you or your spouse is a member of the military, please contact us immediately. The federal Servicemembers Civil Relief Act and comparable state laws afford significant protections and benefits to eligible military service personnel, including protections from foreclosure as well as interest rate relief. For additional information and to determine eligibility please contact our Military Assistance Team toll free at 1.877.430.5434. If you are calling from outside the U.S. please contact us at 1.817.685.6491.

## Frequently Asked Questions

**Q. Why did I receive this package?**

You received this package because we received your request for assistance or we have not received one or more of your monthly mortgage payments. We want to ensure you are aware of the options that may be available to help you avoid foreclosure. Please send us the requested documents so that we can work with you to identify options that may be available to you to resolve any temporary or long-term financial challenges you face in making your mortgage payments.

**Q. What if I am in bankruptcy proceedings?**

If you are represented by an attorney, we must speak with your attorney or have your attorney's permission to speak with you about loss mitigation options. Please have your attorney contact us.

In addition, please consult with your attorney about how these programs could affect your mortgage and your bankruptcy case. Because you are in bankruptcy, any final modification of your mortgage will require bankruptcy court approval. If you are in Chapter 13 bankruptcy, you may also be required to amend your bankruptcy plan. Your bankruptcy attorney can assist you with that process.

**Q. What if my personal obligation to repay the debt was discharged in a bankruptcy proceeding?**

If you received a discharge of debt in a bankruptcy proceeding, you may still be eligible to modify the secured obligation on the loan to the extent you choose to continue making payments to avoid foreclosure. The modification will not impact the bankruptcy discharge.

**Q. Will it cost money to get help?**

You should never pay a fee to obtain assistance or information about foreclosure avoidance options. Be cautious of companies or individuals offering to help you for a fee, and never send a mortgage payment to any company other than Bank of America, N.A. (the Servicer of your loan) or one designated to receive your payments under a state assistance program.

**Q. What happens once I have sent my financial documents to you?**

Within approximately three days of receipt of your financial documents, we will mail you an acknowledgement confirming the receipt of your initial documentation. When we receive your documents, we will also begin our review to determine whether or not we have received all of the required documentation to complete our evaluation. This documentation review takes approximately five days. Following our review of your package, we will send a letter that either confirms we have all documentation to continue the evaluation or that identifies missing documents that you need to provide. When we have confirmed receipt of all documents to complete our review (and if the documents were received within the timeframe requested), we will complete the evaluation process, which takes approximately 30 days.

Following our evaluation, we will let you know in writing which options, if any, are available to you and will inform you of your next steps to accept any available offer.

**Q. Will I be evaluated for the Home Affordable Modification Program (HAMP) when I submit my completed financial documentation?**

Yes, as appropriate. Several options may be available depending on your situation such as a repayment plan, forbearance or refinance. However, if your documentation demonstrates the necessary hardship, we will evaluate you for participation in the Home Affordable Modification Program (HAMP). HAMP, part of the Making Home Affordable Program announced by the federal government, is designed to help homeowners who are having difficulty making their payments by modifying loans to a payment that is affordable for borrowers now and sustainable over the long term. Visit [bankofamerica.com/homeloanhelp](http://bankofamerica.com/homeloanhelp) or [makinghomeaffordable.gov](http://makinghomeaffordable.gov) to learn more about the Home Affordable Modification Program. If you are not eligible for HAMP, we will evaluate your loan for all remaining options.

**Q. If I qualify for a loan modification, how will my mortgage be modified?**

The modification may involve some or all of the following changes to your mortgage:

- Adding past due amounts to the existing balance of your mortgage to bring the account current
- Adjusting the interest rate on your loan
- Extending the term of your loan or recalculating your loan payments over a longer period
- Delaying repayment of a portion of the mortgage principal until the end of the loan term
- Forgiving a portion of your principal either up front or within three years if certain conditions are met and you remain in good standing on your modified monthly payments

Before you enter into a loan modification including principal forgiveness, you should consult a tax professional to understand tax implications that may be associated with receiving a modification.

**Q. If my loan is permanently modified, will you waive any unpaid late charges?**

Yes. Any unpaid late fees will be waived at the time of modification. Also, we do not charge fees for the modification. However, we may incur third-party fees such as attorney fees, recording fees, etc., and you will be responsible for payment of those fees.

**Q. If I receive a loan modification, can my modified loan terms ever revert to the original loan terms?**

No. Once your loan is modified, the new terms stay in place for the remainder of your loan.

**Q. Are there any special programs for military personnel?**

Yes. Bank of America is dedicated to assisting our military customers with their home loan needs and has a Military Modification program which is an extension of the federal government's Home Affordable Modification Program. It offers additional benefits for eligible military customers who are having difficulty with mortgage payment affordability up to and including potential principal forgiveness. Please contact us at **1.877.430.5434** if you are currently on active military duty or were released from active duty within the last nine months so that we can work with you to determine if this program is right for you. If you are calling from outside the U.S. please call us at **1.817.685.6491**.

**Q. Will a foreclosure occur if I participate in the Home Affordable Modification Program?**

If your loan has been previously referred to foreclosure, we will not conduct a foreclosure sale (subject to court approval where applicable) during the period of time you have to send us all required documents, and while we evaluate your complete application once it is received. If we send you a letter requesting additional documents or information to complete the application, we will tell you the deadline for getting those documents to us. In no event will we be able to process a modification request unless all required documents are received by us no later than midnight of the seventh business day prior to a scheduled foreclosure sale. **DO NOT IGNORE ANY FORECLOSURE NOTICES YOU MIGHT RECEIVE.**

If your loan is eligible for the Home Affordable Modification Program, you will enter into a Trial Period Plan. You will receive a Trial Period Plan notice which will contain a new trial payment amount. This will temporarily replace your current mortgage payment during the Home Affordable Mortgage Program trial period. To accept the Trial Period Plan, you must make your first trial payment by the specified due date. Once you accept, we will halt the foreclosure process as long as you continue to make your required trial plan payments.

If your loan does not qualify for the Home Affordable Modification Program, or if you fail to comply with the terms of the Trial Period Plan, we will send you a letter explaining the reason why you do not qualify for the program. In most cases, you will have 30 days to review the reason and contact us to discuss any concerns you may have. During this 30-day review period, we may continue with the pending foreclosure action, but no foreclosure sale will be conducted and you will not lose your home.

The Home Affordable Modification Program evaluation and the process of foreclosure may proceed at the same time. You may receive foreclosure/eviction notices - delivered by mail or in person - or you may see steps being taken to proceed with a foreclosure sale of your home. While you will not lose your home during the Home Affordable Modification Program evaluation, to protect your rights under applicable foreclosure law, you may need to respond to these foreclosure notices or take other actions. If you have any questions about the foreclosure process, contact us at **1.877.422.1761**. If you do not understand the legal consequences of the foreclosure, you are also encouraged to contact a lawyer or housing counselor for assistance.

**Q. What if I am unemployed?**

If you are currently unemployed, please call us to discuss available options.

**Q. What happens if my loan does not qualify for a program that will allow me to keep my home?**

Not all loans will be eligible for a home retention program, such as a repayment plan, forbearance or loan modification. If your loan is not eligible for any of these options, we will provide you information concerning alternative programs that may help. These programs could include a short sale or a deed in lieu of foreclosure. Please remember to continue making your payments while we are evaluating you for all loan assistance options.

**Q. Will my credit score be affected if I accept a foreclosure prevention alternative?**

While the affect on your credit will depend on your individual credit history, entering into a plan with reduced payments may adversely affect your credit score, particularly if you are current on your mortgage or otherwise have a good credit score. Please note that if you enter into a modification, your loan will be reported as paying under a partial payment plan during the trial period, and will be reported as modified after the final modification agreement. If you are behind on your payments when you start your trial, your loan will continue to be reported as "delinquent" until your loan has been permanently modified, even if you are making your trial payments. Credit scores are determined by your credit history and not controlled directly by Bank of America. Our commitment is to accurately report the status of all our customers' accounts. Visit [ftc.gov/bcp/edu/pubs/consumer/credit/cre24.shtm](http://ftc.gov/bcp/edu/pubs/consumer/credit/cre24.shtm) for more information about credit reporting.

**Q. If I am eligible to participate in a loan assistance program, will housing counseling be required?**

Borrowers, especially delinquent borrowers, are strongly encouraged to contact a HUD-approved housing counselor to help them understand all of their options and to create a workable budget plan. These services by HUD-approved housing counselors are free. However, housing counseling is only required for borrowers whose total monthly debts are very high in relation to their incomes. It is voluntary for other applicants. You can use the search tool at <http://www.hud.gov/offices/hsg/sfh/hcc/fc/> to find a HUD-approved counseling agency near you.

If your loan is eligible to be reviewed for the Home Affordable Modification Program, we will evaluate your monthly debts, including the amount you will owe on the new mortgage payment after it is modified, as well as payments on a second mortgage, car loans, credit cards, etc. If the sum of all of these recurring monthly expenses is equal to or more than 55% of your gross monthly income, you must agree to participate in housing counseling provided by a HUD-approved housing counselor as a condition of receiving a modification under the Home Affordable Modification Program.

**Q. How will a modification of my loan affect the mortgage insurance on my loan?**

Mortgage Insurance (MI) is typically required on loans where the original loan amount is greater than 80% of the original value of the property. MI coverage protects lenders and investors against a financial loss when borrowers default.

If you did not already have MI on your loan prior to the modification, you will not be required to obtain it as a result of the modification. If you currently have MI, and the modified principal balance changes as a result of the modification, your MI premiums may change as well. Furthermore, the date on which you may request cancellation of the MI may change. For loans on single family primary residences, federal law allows you to request that MI be canceled on either:

- The date the principal balance on your loan is scheduled to reach 80% of the original value of the property; or
- The date the principal balance is reduced to 80% of the original value of the property based on actual payments.

State law or investor guidelines may also allow for the cancellation of MI at different times or if your loan is secured by a 2- to 4-unit property. For more information about mortgage insurance please call us at 1.800.669.6650.

**Q. What happens if I have a Borrowers Protection Plan® on my loan?**

If you qualify for a modification and you have a Borrowers Protection Plan with your mortgage, please contact us at 1.866.317.5116 to discuss whether you may be eligible for benefits, how your Plan may be impacted by a mortgage modification, and what additional options you may have.

**Q. What happens if I have other optional products or credit insurance?**

If you purchased an optional product after your loan closed, such as accidental death insurance or Privacy Assist, where you agreed to have the cost for the optional product added to your mortgage payment, please contact us at 1.800.641.5298 to discuss the choices you may have.

If you have credit insurance, please contact us at 1.800.288.7647 to discuss your credit insurance plan.

**Q. Are there additional resources where I can find information about the Home Affordable Modification Program?**

Call the Homeowner's HOPE™ Hotline at **1.888.995.HOPE** (4673). This Hotline can help with questions about the program and offers access to free HUD-certified counseling services in English and Spanish.



**Q. What if I am aware of fraud, waste, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program?**

Please contact SIGTARP at 1.877.SIG.2009 (toll-free), 202.622.4559 (fax), or [sigtarp.gov](http://sigtarp.gov). Mail can be sent to: Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L Street NW, Washington, DC 20220.



**IMPORTANT NOTICE TO HELP YOU AVOID FORECLOSURE SCAMS**

**Beware of foreclosure rescue scams. Help is free from your mortgage servicer, Bank of America, N.A.**

- These programs are only available to you through Bank of America, N.A.
- There is never a fee to get assistance or information about the Home Affordable Modification Program from your mortgage servicer or a housing counselor approved by the U.S. Department of Housing and Urban Development (HUD). Visit [hud.gov/offices/hsg/sfh/hcc/fc/](http://hud.gov/offices/hsg/sfh/hcc/fc/) to find a HUD-approved counselor.
- Beware of any person or organization that asks you to pay a fee in exchange for housing counseling services or modification of a delinquent loan.
- Beware of anyone who says they can "save" your home if you sign or transfer over the deed to your house. Do not sign over the deed to your property to any organization or individual unless you are working directly with Bank of America, N.A. to forgive your debt.
- Never make your mortgage payments to anyone other than Bank of America, N.A. without our approval.

# Required Documents for Home Loan Assistance

Please make sure to only send copies of your documents -- keep originals for your records.

**Section 1:** All borrowers listed on the loan must provide all of the documents in this section.

- Two most recent, consecutive monthly bank statements (all pages)
- Personal federal tax returns from the previous year (all pages, signed and dated)
- Homeowners Insurance Declaration Page (proof of Homeowners insurance)
- Property Tax Statement

**Section 2:** All borrowers listed on the loan must complete and provide all of the documents enclosed in this section.

- Request for Modification Affidavit (RMA)
- IRS Form 4506-T
- Dodd-Frank Certification Form
- Non-Borrower Forms (if applicable per Section 3)

**Section 3:** For each category that applies to any borrower on the loan, all documents must be provided.

If you are a salaried or hourly employee:

- Two most recent, consecutive pay stubs showing at least 30 days of year-to-date earnings

If you are self-employed:

- Most recent quarterly or year-to-date profit/loss statement for each self-employed borrower – signed and dated

If the home is your primary residence (you currently live in the home):

- Most recent utility bill (gas, electric, water) showing your name and property address

If you receive income from a rental property:

- Complete list of real estate that you own, including the monthly payment for all mortgages, taxes and insurance (if not impounded/escrowed) and any homeowner association dues
- Current rental agreement(s), and two most recent monthly bank statements (all pages) or other proof showing receipt of rental income
- Federal tax returns from the previous year with all required schedules including Schedule E (Supplemental Income and Loss); if a Schedule E is not available because the property was not previously rented, provide written explanation of such

If you belong to a Homeowners Association:

- Most recent bill or letter from Homeowners/Condominium Association reflecting amount of dues and statement showing payments up to date

If you receive alimony, child support or separation maintenance as qualifying income:

*You are not required to disclose this income unless you choose to have it considered.*

- Divorce decree, separation agreement, other written agreement filed with the court, or decree that states the amount and period of time payment will be received
- Two most recent monthly bank statements (all pages) or other proof showing receipt of income

If you receive income from social security, disability or death benefits, pension, adoption assistance, public assistance, unemployment or if your employment is seasonal:

- Benefits statement or letter from the provider that states the amount, frequency and duration of the benefit
- Two most recent monthly bank statements (all pages) or other proof showing receipt of income
- For each borrower who is receiving unemployment benefits, copy of benefits statement showing eligibility of benefit or unemployment benefits received within the last six months. Statement of benefits must show the amount, frequency and duration of the benefit

If you have income from any other source(s):

*This could include bonuses, tips, investments, rental income or any additional household contributions.*

- Documentation describing the nature of the income, such as an employment contract or documents tracking tip income, room rental agreement, spouse/parental support
- Two most recent monthly bank statements (all pages) or other proof showing receipt of income
- You may also disclose any income from a household member who is not on the promissory note (non-borrower), such as a relative, spouse, domestic partner, or fiancé who occupies the property as a primary residence. If you choose to disclose and rely upon this income to qualify, the required income documentation is the same as the income documentation required for a borrower. Refer to all Sections for required documentation. Note: Both a 4506-T and the Non-Borrower Credit Authorization Forms enclosed will need to be completed and signed by each non-borrower

If you are a military borrower on active duty or within 9 months of release:

- Active duty military orders or other proof of active duty status which reflects start and end date
- Most recent Leave and Earnings statement showing year-to-date earnings

For questions about these documents, please call us or visit: [bankofamerica.com/documentchecklist](http://bankofamerica.com/documentchecklist)

Terms and conditions apply. This is not a commitment to lend. Programs, rates, terms and conditions are subject to change without notice. Bank of America, N.A., Member FDIC.

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## Information on Loss Mitigation

Please keep this page for your records.

### **Mortgage Programs That Are Available to Help**

There are a variety of programs available to help you. You may be eligible to refinance or modify your mortgage to make your payments and terms more manageable, for instance, lowering your monthly payment to make it more affordable. Or, if you have missed a few payments, you may qualify for a temporary (or permanent) solution to help you get your finances back on track. Depending on your circumstances, staying in your home may not be possible. However, a short sale or deed-in-lieu of foreclosure may be an option — see the table below for more information:

<b>OPTION</b>	<b>OVERVIEW</b>	<b>BENEFIT</b>
<b>Refinance</b>	Receive a new loan with lower interest rate or other favorable terms	Makes your payment or terms more affordable
<b>Reinstatement</b>	Pay the total amount you owe, in a lump sum payment and by a specific date. This may follow a forbearance plan as described below	Bring your mortgage current if you can show you have funds that will become available at a specific date in the future
<b>Repayment Plan</b>	Pay back your past-due payments together with your regular payments over an extended period of time	Allows you time to catch up on late payments without having to pay a lump sum
<b>Forbearance Plan</b>	Make reduced mortgage payments or no mortgage payments for a specific period of time	Have time to improve your financial situation and get back on your feet
<b>Modification</b>	Receive modified terms of your mortgage to make it more affordable or manageable after successfully making a reduced payment during a trial period (i.e., completing a three [or four] month trial period plan)	Permanently modifies your mortgage so that your payments or terms are more manageable as a permanent solution to a long-term or permanent hardship
<b>Short Sale</b>	Sell your home and pay off a portion of your mortgage balance when you owe more on the home than it is worth	Allows you to transition out of your home. In some cases relocation assistance maybe available
<b>Deed-in-Lieu of Foreclosure</b>	Transfer the ownership of your property to us	Allows you to transition out of your home. In some cases relocation assistance maybe available. This is useful when there are no other liens on your property

### **We Want to Help**

Take action and gain peace of mind. Complete and return the requested documents to explore whether you qualify for options that may assist you in getting the help you need now.

**Making Home Affordable Program  
Request For Mortgage Assistance (RMA)**



If you are experiencing a financial hardship and need help, you must complete and submit this form along with other required documentation to be considered for foreclosure prevention options under the Making Home Affordable (MHA) Program. You must provide information about yourself and your intentions to either keep or transition out of your property; a description of the hardship that prevents you from paying your mortgage(s); information about all of your income, expenses and financial assets; whether you have declared bankruptcy; and information about the mortgage(s) on your principal residence and other single family real estate that you own. Finally, you will need to return to your loan servicer (1) this completed, signed and dated Request for Mortgage Assistance (RMA); and (2) completed and signed IRS Form 4506-T or 4506T-EZ; and (3) all required income documentation identified in Section 4.

When you sign and date this form, you will make important certifications, representations and agreements, including certifying that all of the information in this RMA is accurate and truthful.

**SECTION 1: BORROWER INFORMATION**

BORROWER	CO-BORROWER
BORROWER'S NAME Paul Jones	CO-BORROWER'S NAME
SOCIAL SECURITY NUMBER _____ DATE OF BIRTH (MM/DD/YYYY) _____	SOCIAL SECURITY NUMBER _____ DATE OF BIRTH (MM/DD/YYYY) _____
HOME PHONE NUMBER WITH AREA CODE _____	HOME PHONE NUMBER WITH AREA CODE _____
CELL OR WORK NUMBER WITH AREA CODE _____	CELL OR WORK NUMBER WITH AREA CODE _____
MAILING ADDRESS 572 Park St. Stoughton, MA 02072 3845	MAILING ADDRESS (IF SAME AS BORROWER, WRITE "SAME")
EMAIL ADDRESS _____	EMAIL ADDRESS _____

Has any borrower filed for bankruptcy? <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13	Is any borrower a servicemember? <input type="checkbox"/> Yes <input type="checkbox"/> No
Filing Date: _____ Bankruptcy case number: _____	Have you recently been deployed away from your principal residence or recently received a permanent change of station or order? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How many single family properties other than your principal residence do you and/or any co-borrower(s) own individually, jointly, or with others? _____	
Has the mortgage on your principal residence ever had a Home Affordable Modification Program (HAMP) trial period plan or permanent modification? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the mortgage on any other property that you or any co-borrower own had a permanent HAMP modification? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", how many? _____	
Are you or any co-borrower currently in or being considered for a HAMP trial period plan on a property other than your principal residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**SECTION 2: HARDSHIP AFFIDAVIT**

<p>I (We) am/are requesting review under MHA.</p> <p>I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):</p>	
<input type="checkbox"/> My household income has been reduced. For example: reduced pay or hours, decline in business or self-employment earnings, death, disability, or divorce of a borrower or co-borrower.	<input type="checkbox"/> My monthly debt payments are exclusive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.
<input type="checkbox"/> My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities, or property taxes.	<input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.
<input type="checkbox"/> I am unemployed and (a) I am receiving/will receive unemployment benefits or (b) my unemployment benefits ended less than 6 months ago.	Other:
<p>Explanation (continue on a separate sheet of paper if necessary):</p>	

## SECTION 3: PRINCIPAL RESIDENCE INFORMATION

(This section is required even if you are not seeking mortgage assistance on your principal residence)

I am requesting mortgage assistance with my principal residence  YES  NOIf "yes"  Keep the property  Sell the property

Property Address:	572 Park Street Stoughton, MA 02072	Loan ID Number:	59231592
Other mortgages or liens on the property?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Lien Holder / Servicer Name:	Loan ID Number: 59231592
Do you have condominium or homeowner association (HOA) fees?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If "Yes", Monthly Fee \$ _____	Are fees paid current? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Name and address that fees are paid to: _____			
Does your mortgage payment include taxes and insurance?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If "NO", are the taxes and insurance paid current? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Annual Homeowner's Insurance \$ _____			
Is the property listed for sale? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If "YES", Listing Agent's Name: _____	Phone Number: _____	
List Date? _____	Have you received a purchase offer? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Amount of Offer \$ _____	Closing Date _____

Complete this section ONLY if you are requesting mortgage assistance with a property that is not your principal residence.

Principal residence servicer name: _____	Principal residence service phone number: _____
Is the mortgage on your principal residence paid? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If "NO" number of months your payment is past due (if known): _____

## SECTION 4: COMBINED INCOME AND EXPENSE OF BORROWER AND CO-BORROWER

Monthly Household Income		Monthly Household Expense/Debt (* Principal Residence Expense Only)		Household Assets	
Monthly Gross wages	\$ _____	First Mortgage Principal & Interest Payment*	\$ _____	Checking Account(s)	\$ _____
Overtime	\$ _____	Second Mortgage Principal & Interest Payment*	\$ _____	Checking Account(s)	\$ _____
Self employment income	\$ _____	Homeowner's Insurance*	\$ _____	Savings/ Money Market	\$ _____
Unemployment income	\$ _____	Property Taxes*	\$ _____	CDs	\$ _____
Untaxed Social Security/SSD	\$ _____	HOA/ Condo Fees*	\$ _____	Stocks/ Bonds	\$ _____
Food Stamps/Welfare	\$ _____	Credit Cards/Installment debt (total min. payment)	\$ _____	Other Cash on Hand	\$ _____
Taxable Social Security or retirement income	\$ _____	Child Support / Alimony	\$ _____		\$ _____
Child Support / Alimony**	\$ _____	Car Payments	\$ _____		\$ _____
Tips, commissions, bonus and overtime	\$ _____	Mortgage Payments other properties****	\$ _____		\$ _____
Gross Rents Received ***	\$ _____	Other	\$ _____	Value of all Real Estate except principal residence	\$ _____
Other	\$ _____		\$ _____	Other	\$ _____
Total (Gross income)	\$ _____	Total Debt/Expenses	\$ _____	Total Assets	\$ _____

\*\* All money, child support or separate maintenance income need not be disclosed if you do not choose to have it considered for repaying your mortgage debt.

\*\*\* I include rental income received from all properties you own EXCEPT a property for which you are seeking mortgage assistance in Section 6.

\*\*\*\* I include mortgage payments on all properties you own EXCEPT your principal residence and the property for which you are seeking mortgage assistance in Section 6.

Required Income Documentation	
(Your servicer may request additional documentation to complete your evaluation for MHA)	
All Borrowers	<input type="checkbox"/> Include a signed IRS Form 4506-T or 4506-T-EZ
<input type="checkbox"/> Do you earn a wage?	<input type="checkbox"/> For each borrower who is a salaried employee or hourly wage earner, provide the most recent pay stub(s) that reflects at least 30 days of year-to-date income.
Borrower Hire Date (MM/DD/YY) _____ Co-borrower Hire Date (MM/DD/YY) _____	
<input type="checkbox"/> Are you self-employed?	<input type="checkbox"/> Provide your most recent signed and dated quarterly or year-to-date profit and loss statement.
<input type="checkbox"/> Do you receive tips, commissions, bonuses, housing allowance or overtime?	<input type="checkbox"/> Describe the type of income, how frequently you receive the income and third party documentation describing the income (e.g., employment contracts or printouts documenting tip income).
Do you receive social security, disability, death benefits, pension, public assistance or adoption assistance?	<input type="checkbox"/> Provide documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider and receipt of payment (such as two most recent bank statements or deposit advices).
<input type="checkbox"/> Do you receive alimony, child support, or separation maintenance payments?	<input type="checkbox"/> Provide a copy of the divorce decree, separation agreement, or other written legal agreement filed with the court that states the amount of the payments and the period of time that you are entitled to receive them AND <input type="checkbox"/> Copies of your two most recent bank statements or deposit advices showing you have received payment. Notice: Alimony, child support or separate maintenance income need not be disclosed if you do not choose to have it considered for repaying your mortgaged debt.
<input type="checkbox"/> Do you have income from rental properties that are not your principal residence?	<input type="checkbox"/> Provide your most recent Federal Tax return with all schedules, including Schedule E. <input type="checkbox"/> If rental income is not reported on Schedule E, provide a copy of the current lease agreement with bank statements showing deposit or rent checks.

#### SECTION 5: OTHER PROPERTIES OWNED

(You must provide information about all properties that you or the co-borrower own, other than your principal residence and any property described in Section 6 below. Use additional sheets if necessary.)

##### Other Property #1

Property Address:	Loan I.D. Number:
Servicer Name:	Mortgage Balance \$ _____ Current Value \$ _____
Property is: <input type="checkbox"/> Vacant <input type="checkbox"/> Second or seasonal home <input type="checkbox"/> Rented	Gross Monthly Rent \$ _____ Monthly mortgage payment* \$ _____

##### Other Property #2

Property Address:	Loan I.D. Number:
Servicer Name:	Mortgage Balance \$ _____ Current Value \$ _____
Property is: <input type="checkbox"/> Vacant <input type="checkbox"/> Second or seasonal home <input type="checkbox"/> Rented	Gross Monthly Rent \$ _____ Monthly mortgage payment* \$ _____

##### Other Property #3

Property Address:	Loan I.D. Number:
Servicer Name:	Mortgage Balance \$ _____ Current Value \$ _____
Property is: <input type="checkbox"/> Vacant <input type="checkbox"/> Second or seasonal home <input type="checkbox"/> Rented	Gross Monthly Rent \$ _____ Monthly mortgage payment* \$ _____

\* The amount of the monthly payment made to your lender – including, if applicable, monthly principal, interest, real property taxes and insurance premiums..

## SECTION 6: OTHER PROPERTY FOR WHICH ASSISTANCE IS REQUESTED

(Complete this section ONLY if you are requesting mortgage assistance with a property that is not your principal residence.)

 I am requesting mortgage assistance with a rental property.  Yes  No I am requesting mortgage assistance with a second or seasonal home.  Yes  No If "Yes" to either, I want to:  Keep the property  Sell the property

Property Address: \_\_\_\_\_ Loan I.D. Number: \_\_\_\_\_

Do you have a second mortgage on the property  Yes  No If "Yes", Servicer Name: \_\_\_\_\_ Loan I.D. Number: \_\_\_\_\_Do you have condominium or homeowner association (HOA) fees?  Yes  No If "Yes", Monthly Fee \$ \_\_\_\_\_ Are HOA fees paid current?  Yes  No

Name and address that fees are paid to: \_\_\_\_\_

Does your mortgage payment include taxes and insurance?  Yes  No If "No", are the taxes and insurance paid current?  Yes  No

Annual Homeowner's Insurance \$ \_\_\_\_\_ Annual Property Taxes \$ \_\_\_\_\_

If requesting assistance with a rental property, property is currently:  Vacant and available for rent. Occupied without rent by your legal dependent, parent or grandparent as their principal residence. Occupied by a tenant as their principal residence Other \_\_\_\_\_

If rental property is occupied by a tenant: Term of lease / occupancy \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gross Monthly Rent \$ \_\_\_\_\_

MM / DD / YYYY MM / DD / YYYY

If rental property is vacant, describe efforts to rent property: \_\_\_\_\_

If applicable, describe relationship of and duration of non-rent paying occupant of rental property: \_\_\_\_\_

Is the property for sale?  Yes  No If "Yes", Listing Agent's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_List date? \_\_\_\_\_ Have you received a purchase offer?  Yes  No Amount of offer \$ \_\_\_\_\_ Closing Date: \_\_\_\_\_

## RENTAL PROPERTY CERTIFICATION

(You must complete this certification if you are requesting a mortgage modification with respect to a rental property.)

By checking this box and initialing below, I am requesting a mortgage modification under MHA with respect to the rental property described in this Section 6 and I hereby certify under penalty of perjury that each of the following statements is true and correct with respect to that property:

- I intend to rent the property to a tenant or tenants for at least five years following the effective date of my mortgage modification. I understand that the servicer, the U.S. Department of the Treasury, or their respective agents may ask me to provide evidence of my intention to rent the property during such time. I further understand that such evidence must show that I used reasonable efforts to rent the property to a tenant or tenants on a year-round basis, if the property is or becomes vacant during such five-year period.

Note: The term "reasonable efforts" includes, without limitation, advertising the property for rent in local newspapers, websites or other commonly used forms of written or electronic media, and/or engaging a real estate or other professional to assist in renting the property, in either case, at or below market rent.

- The property is not my secondary residence and I do not intend to use the property as a secondary residence for at least five years following the effective date of my mortgage modification. I understand that if I do use the property as a secondary residence during such five-year period, my use of the property may be considered to be inconsistent with the certifications I have made herein.

Note: The term "secondary residence" includes, without limitation, a second home, vacation home or other type of residence that I personally use or occupy on a part-time, seasonal or other basis.

- I do not own more than five (5) single-family homes (i.e., one-to-four unit properties) (exclusive of my principal residence).

Notwithstanding the foregoing certifications, I may at any time sell the property, occupy it as my principal residence, or permit my legal dependent, parent or grandparent to occupy it as their principal residence with no rent charged or collected, none of which will be considered to be inconsistent with the certifications made herein.

This certification is effective on the earlier of the date listed below or the date the RMA is received by your servicer.

Initials: Borrower \_\_\_\_\_ Co-borrower \_\_\_\_\_

## SECTION 7: DODD-FRANK CERTIFICATION

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). You are required to furnish this information. The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 et seq.), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

- (a) felony larceny, theft, fraud, or forgery,
- (b) money laundering or
- (c) tax evasion.

I/we understand that the servicer, the U.S. Department of the Treasury, or their respective agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law. This certification is effective on the earlier of the date listed below or the date this RMA is received by your servicer.

## SECTION 8. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. If you do not wish to furnish the information, please check the box below.

BORROWER	<input type="checkbox"/> I do not wish to furnish this information	CO-BORROWER	<input type="checkbox"/> I do not wish to furnish this information
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male	Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male

To be completed by interviewer		Name/Address of Interviewer's Employer
This request was taken by:		Interviewer's Name (print or type) & ID Number
<input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet		Interviewer's Signature      Date
		Interviewer's Phone Number (include area code)

## SECTION 9: BORROWER AND CO-BORROWER ACKNOWLEDGEMENT AND AGREEMENT

1. I certify that all of the information in this RMA is truthful and the hardship(s) identified above has contributed to submission of this request for mortgage relief.
2. I understand and acknowledge that the Servicer, the U.S. Department of the Treasury, the owner or guarantor of my mortgage loan, or their respective agents may investigate the accuracy of my statements, may require me to provide additional supporting documentation and that knowingly submitting false information may violate Federal and other applicable law.
3. I authorize and give permission to the Servicer, the U.S. Department of the Treasury, and their respective agents, to assemble and use a current consumer report on all borrowers obligated on the loan, to investigate each borrower's eligibility for MHA and the accuracy of my statements and any documentation that I provide in connection with my request for assistance. I understand that these consumer reports may include, without limitation, a credit report, and be assembled and used at any point during the application process to assess each borrower's eligibility thereafter.
4. I understand and that if I have intentionally defaulted on my existing mortgage, engaged in fraud or if it is determined that any of my statements or any information contained in the documentation that I provide are materially false and that I was ineligible for assistance under MHA, the Servicer, the U.S. Department of the Treasury, or their respective agents may terminate my participation in MHA, including any right to future benefits and incentives that otherwise would have been available under the program, and also may seek other remedies available at law and in equity, such as recouping any benefits or incentives previously received.
5. I certify that any property for which I am requesting assistance is a habitable residential property that is not subject to a condemnation notice.
6. I certify that I am willing to provide all requested documents and to respond to all Servicer communications in a timely manner. I understand that time is of the essence.
7. I understand that the Servicer will use the information I provide to evaluate my eligibility for available relief options and foreclosure alternatives, but the Servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
8. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
9. If I am eligible for assistance under MHA, and I accept and agree to all terms of an MHA notice, plan, or agreement, I also agree that the terms of this Acknowledgment and Agreement are incorporated into such notice, plan, or agreement by reference as if set forth herein in full. My first timely payment, if required, following my service's determination and notification of my eligibility or prequalification for MHA assistance will serve as my acceptance of the terms set forth in the notice, plan, or agreement sent to me.
10. I understand that my Servicer will collect and record personal information that I submit in this RMA and during the evaluation process, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about my account balances and activity. I understand and consent to the Servicer's disclosure of my personal information and the terms of any MHA notice, plan or agreement to the U.S. Department of the Treasury and its agents, Fannie Mae and Freddie Mac in connection with their responsibilities under MHA, companies that perform support services in conjunction with MHA, any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) and to any HUD-certified housing counselor.
11. I consent to being contacted concerning this request for mortgage assistance at any e-mail address or cellular or mobile telephone number I have provided to the Servicer. This includes text messages and telephone calls to my cellular or mobile telephone.

The undersigned certifies under penalty of perjury that all statements in this document are true and correct.

Borrower Signature Paul Jones	Social Security Number	Date of Birth	Date
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Co-borrower Signature	Social Security Number	Date of Birth	Date
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#### HOMEOWNER'S HOTLINE

If you have questions about this document or the Making Home Affordable Program, please call your servicer. If you have questions about the program that your servicer cannot answer or need further counseling, you can call the *Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673)*.

The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.



#### NOTICE TO BORROWERS

Be advised that by signing this document you understand that any documents and information you submit to your servicer in connection with the Making Home Affordable Program are under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy of your property, hardship circumstances, and/or income, expenses, or assets will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution. By signing this document you certify, represent and agree that: "Under penalty of perjury, all documents and information I have provided to my Servicer in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or [www.sigtarp.gov](http://www.sigtarp.gov) and provide them with your name, our name as your servicer, your property address, loan number and the reason for escalation. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.

##### Beware of Foreclosure Rescue Scams. Help is FREE!

- There is never a fee to get assistance or information about the Making Home Affordable Program from your lender or a HUD-approved housing counselor.
- Beware of any person or organization that asks you to pay a fee in exchange for housing counseling services or modification of a delinquent loan.
- Beware of anyone who says they can "save" your home if you sign or transfer over the deed to your house. Do not sign over the deed to your property to any organization or individual unless you are working directly with your mortgage company to forgive your debt.
- Never make your mortgage payments to anyone other than your mortgage company without their approval.



**4506-T**(Rev. January 2012)  
Department of the Treasury  
Internal Revenue Service**Request for Transcript of Tax Return**

► Request may be rejected if the form is incomplete or illegible.

OMB No. 1545-1872

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.  Paul Jones	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)  
2a If a joint return, enter spouse's name shown on tax return.  	2b Second social security number or individual taxpayer identification number if joint tax return  

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)  Paul Jones, 572 Park Street, Stoughton, MA 02072
4 Previous address shown on the last return filed if different from line 3 (see instructions)  

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.  Bank of America, N.A. C/O Home Retention Services, Inc. 9700 Bissonnet Street, Suite 1500 Houston, TX 77036	User ID: JNADEAU1
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**Caution.** If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ► <u>1040</u>
a <b>Return Transcript</b> , which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days <input checked="" type="checkbox"/>
b <b>Account Transcript</b> , which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days <input type="checkbox"/>
c <b>Record of Account</b> , which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days <input type="checkbox"/>
7 <b>Verification of Nonfiling</b> , which is proof from the IRS that you did not file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days <input type="checkbox"/>
8 <b>Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript</b> . The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2010, filed in 2011, will not be available from the IRS until 2012. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days <input type="checkbox"/>

**Caution.** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. <u>12/31/2011</u> <u>12/31/2012</u>
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Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved identity theft on your federal tax return.

**Caution.** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Phone number of taxpayer on line 1a or 2a

Sign Here	Signature (see instructions)	Date
	Title (if line 1a above is a corporation, partnership, estate, or trust)	
	Spouse's signature	Date



Section references are to the Internal Revenue Code unless otherwise noted.

### What's New

The IRS has created a page on IRS.gov for information about Form 4506-T at [www.irs.gov/form4506](http://www.irs.gov/form4506). Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

### General Instructions

**CAUTION.** Do not sign this form unless all applicable lines have been completed.

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

**Note.** If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two addresscharts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit [www.irs.gov](http://www.irs.gov) and click on "Order a Transcript" or call 1-800-908-9946.

### Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

**If you filed an individual return and lived in:** **Mail or fax to the "Internal Revenue Service" at:**

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301
	512-460-2272

Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888
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Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999
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	816-292-6102
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### Chart for all other transcripts

**If you lived in or your business was in:** **Mail or fax to the "Internal Revenue Service" at:**

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  801-620-6922
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Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250  859-669-3592
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**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 3.** Enter your current address. If you use a P. O. box, include it on this line.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note.** If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

### Privacy Act and Paperwork Reduction Act

**Notice.** We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained along as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 10 min.; Preparing the form, 12 min.; and Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service

Tax Products Coordinating Committee  
SE:W:CAR:MP:T:M:S  
1111 Constitution Ave. NW, IR-6526  
Washington, DC 20224

Do not send the form to this address. Instead, see Where to file on this page.



**4506-T**(Rev. January 2012)  
Department of the Treasury  
Internal Revenue Service**Request for Transcript of Tax Return**

► Request may be rejected if the form is incomplete or illegible.

OMB No. 1545-1872

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. Bank of America, N.A. C/O Home Retention Services, Inc. 9700 Bissonnet Street, Suite 1500 Houston, TX 77036	

UserID: JNADEAU1

**Caution.** If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ► <u>1040</u>
a <b>Return Transcript</b> , which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days <input type="checkbox"/>
b <b>Account Transcript</b> , which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days <input type="checkbox"/>
c <b>Record of Account</b> , which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days <input type="checkbox"/>
7 <b>Verification of Nonfiling</b> , which is proof from the IRS that you did not file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days <input type="checkbox"/>
8 <b>Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript</b> . The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2010, filed in 2011, will not be available from the IRS until 2012. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days <input type="checkbox"/>

**Caution.** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. <u>12 / 31 / 2011</u> <u>12 / 31 / 2012</u>
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Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved identity theft on your federal tax return

**Caution.** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Phone number of taxpayer on line 1a or 2a

Sign Here	► Signature (see instructions)	Date
	► Title (if line 1a above is a corporation, partnership, estate, or trust)	
	► Spouse's signature	Date



Section references are to the Internal Revenue Code unless otherwise noted.

## What's New

The IRS has created a page on IRS.gov for information about Form 4506-T at [www.irs.gov/form4506](http://www.irs.gov/form4506). Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

## General Instructions

**CAUTION.** Do not sign this form unless all applicable lines have been completed.

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

**Note.** If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two addresscharts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946.

## Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mall or fax to the "Internal Revenue Service" at:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301  512-460-2272

Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888  559-456-5876
---	--

Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999  816-292-6102
--	--

## Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
--	---

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  801-620-6922
--	--

Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250  859-669-3592
--	--

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 3.** Enter your current address. If you use a P. O. box, include it on this line.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note.** If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

## Privacy Act and Paperwork Reduction Act

**Notice.** We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained along as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

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If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service

Tax Products Coordinating Committee  
SE:W:CAR:MP:T:M:S  
1111 Constitution Ave. NW, IR-6526  
Washington, DC 20224

Do not send the form to this address. Instead, see Where to file on this page.



**To Be Completed if a Borrower/Co-Borrower Discloses Income From a Household Member Who is Not on the Promissory Note**

LOAN #: 59231592

Your Request for Mortgage Assistance (RMA) or Uniform Borrower Assistance Form (Form 710) indicates that a non-borrower contributes to your total household income. For our purposes, a "non-borrower" is an individual who resides in your home and contributes to the household income but is not personally obligated on your mortgage loan. As part of the evaluation process, a Credit Authorization Form must be completed and signed by each non-borrower.

Note: Updated or additional documents may be required. Copies of this form may be used if you have more than one non-borrower contributing to your total household income.

Please have the non-borrower fully execute the below **NON-BORROWER CREDIT AUTHORIZATION FORM**.

**NON-BORROWER CREDIT AUTHORIZATION FORM TO OBTAIN CONSUMER CREDIT REPORT**

The undersigned non-borrower certifies the following:

1. I am an occupant of 572 Park Street Stoughton, MA 02072 (the "Property");
2. I contribute to the total household income of the Property;
3. I understand and acknowledge that Bank of America is evaluating the mortgage loan that is secured by the Property for a loan modification.
4. I hereby authorize Bank of America, N.A., or its designated agent, to obtain and review a consumer credit report containing my credit history and other non-public information as part of its evaluation process.

This Authorization shall constitute the undersigned's agreement to allow Bank of America, N.A. to obtain a copy of a consumer credit report in the manner permitted by the Fair Credit Reporting Act.

---

NAME (Non-Borrower)

---

SIGNATURE (Non-Borrower)

---

RELATIONSHIP TO BORROWER

---

DATE

NON-BORROWER SOCIAL SECURITY NUMBER: \_\_\_\_\_



59231592+BACREMFDR\_10312013

C3\_1013-4

## Home Retention Services

9700 Bissonnet Street, Suite 1500 • Houston, Texas • 77036

1.877.422.1761

**Home Retention Services, Inc** is a debt collector. Therefore, the following disclosures are required under various state and federal law. However, we would like to reassure you that we have been retained to assist Bank of America, N.A. with its efforts to reach customers who may be eligible for a Home Affordable modification Program. The true purpose of these letters is to obtain a more affordable payment for you.

### IMPORTANT DISCLOSURES

This communication is from a debt collector attempting to collect a debt. Any information you provide **Home Retention Services, Inc** will be used for that purpose. This communication and the phone number listed above are operated by **Home Retention Services, Inc, 9700 Bissonnet Street, Suite 1500, Houston, Texas 77036**. Regular hours of operation are Monday – Friday from 8 a.m. - 10 p.m. Eastern and Saturday from 9 a.m. - 6 p.m. Eastern. **Home Retention Services, Inc** is a third-party debt collection and home retention services company that has been duly authorized by Bank of America, N.A. to contact their borrowers and assist them with this program.

### NOTICE REGARDING YOUR CURRENT DEBT

**Bank of America, N.A.** services your mortgage. As of the date of this letter the amount necessary to bring your mortgage current is \$270,324.45. Because of interest, late charges, legal fees, and other charges that may vary from day to day, the amount due on the day you pay may be greater. Hence, if you pay the amount shown above, an adjustment may be necessary after your payment is received, in which event your Servicer will inform you before depositing the payment for collection. For further information about payment, contact Bank of America, N.A. at 1.800.669.6650.

### NOTICE REGARDING DISPUTING YOUR DEBT

Unless within 30 days of your receipt of this notice, you notify **Home Retention Services, Inc** that you dispute the validity of this debt, it will be assumed to be correct. If you notify **Home Retention Services, Inc** in writing within thirty days that you dispute the validity of the debt, or any portion of the debt, **Home Retention Services, Inc** will obtain and provide you, by mail, with verification of the debt or a copy of the judgment. If you request it in writing within 30 days, **Home Retention Services, Inc** will provide you with the name and address of the original creditor (if different from the current creditor).

### NOTICE REGARDING BANKRUPTCY

Please note that if the recipient of this letter is currently in an active bankruptcy case or has received a discharge from a bankruptcy, that this letter is for informational purposes only and is not an attempt to collect a debt or an intention to violate the automatic stay. Please have your bankruptcy attorney contact Bank of America, N.A. for workout options.

### NOTICES SPECIFIC TO CERTAIN STATES

**California Residents:** The state Rosenthal Fair Debt Collection Practices Act and the federal Fair Debt Collection Practices Act require that, except under unusual circumstances, collectors may not contact you before 8 a.m. or after 9 p.m. They may not harass you by using threats of violence or arrest or by using obscene language. Collectors may not use false or misleading statements or call you at work if they know or have reason to know that you may not receive personal calls at work. For the most part, collectors may not tell another person, other than your attorney or spouse, about your debt. Collectors may contact another person to confirm your location or enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission at 1-877-FTC-HELP or [www.ftc.gov](http://www.ftc.gov).

**Colorado Residents:** FOR INFORMATION ABOUT THE COLORADO FAIR DEBT COLLECTION PRACTICES ACT, SEE [WWW.AGO.STATE.CO.US/CADC/CADCMIA.CFM](http://WWW.AGO.STATE.CO.US/CADC/CADCMIA.CFM) A consumer has the right to request in writing that a debt collector or collection agency cease further communication with the consumer. A written request to cease communication will not prohibit the debt collector or collection agency from taking any other action authorized by law to collect the debt. Although consumers are strongly encouraged to contact our main office at the toll free number and address listed above to avoid any delays in service, in compliance with Colorado regulations Home Retention Services maintains a local office at 1776 South Jackson Street, #900, Denver, CO 80210, telephone (720) 287-8664.

**Minnesota Residents:** This collection agency is licensed by the Minnesota Department of Commerce.

**North Carolina Residents:** This collection agency is licensed under Permit # 103546

**Tennessee Residents:** This collection agency is licensed by the Tennessee Collection Services Board.

**Wisconsin Residents:** This collection agency is licensed by the Division of Banking, P.O. Box 7876, Madison, Wisconsin 53707.



earthsmart

FedEx carbon-neutral  
envelope shipping

Align top of FedEx Express® shipping label

Envelo

ORIGIN ID:SGRA 18774221761  
HOME LOAN TEAM  
BACREMFDR  
9700 BISSONNET STREET  
SUITE 1500  
HOUSTON, TX 77036  
UNITED STATES US

SHIP DATE: 01NOV13  
ACTWGT: 0.1 LB  
CAD: 5757449 WSX12250  
BILL THIRD PARTY

TO PAUL JONES

572 PARK ST

STOUGHTON MA 02072

O REF: ORDERID: 10646566  
INV:  
PO: DEPT:



SIGN/ABOVE

Home Loans

Bank of America

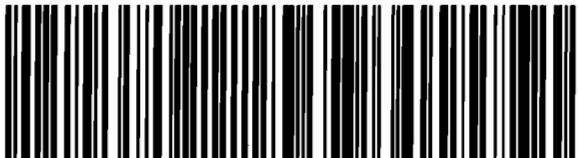


TRK#  
0201 7970 6076 9249

MON - 04 NOV AA  
STANDARD OVERNIGHT

XE NZWA

02072  
MA-US BOS



IF UNDELIVERABLE: STAT 34 - DO NOT RTS  
BACREMFDR\_10312013

From: 0  
Paul Jones

572 Park St

Stoughton, MA 02072

Origin ID: NZWA



Ship Date: 01NOV13  
ActWgt: 0.1 LB  
CAD: 5757449/WSXI2250

Delivery Address Bar Code



Ref # OrderID: 10646566  
Invoice #  
PO #  
Dept #

SHIP TO: 18774221761

BILL THIRD PARTY

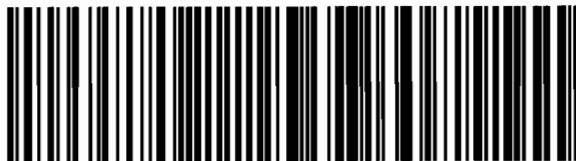
Home Loan Team  
BACNGSFDR  
9700 Bissonnet Street  
Suite 1500  
Houston, TX 77036

MON - 04 NOV AA  
STANDARD OVERNIGHT

TRK# 7970 6076 9639  
0201

77036  
TX-US  
IAH

XH SGRA



51AG1/AB1B/1AGE

----- FOLD HERE -----

DO NOT DISCARD !



What You  
Need  
to Do

**Foreclosure activity is  
continuing. Please  
respond by  
November 16, 2013.**

Paul Jones  
572 Park St  
Stoughton, MA 02072-3645

Loan Number: 59231592

November 01, 2013

Dear Paul Jones:

Although you have missed several of your monthly payments and your mortgage has been referred to foreclosure, it is not too late to apply for help. We want to make sure you are aware of the solutions that may be available to help you. Foreclosure activities typically begin after four missed payments, so it is important that you take action on this issue quickly because allowing your payments to become past due will put you at risk of losing your home to foreclosure.\*

**We strongly encourage you to apply for assistance.** For qualifying customers, Bank of America offers different programs to help keep you in your home, including the Home Affordable Modification Program (HAMP). If you do not intend to keep your property, we may also have other options to help you avoid foreclosure, such as a short sale or deed-in-lieu of foreclosure.

**Please act quickly before your options become limited. Send us the requested financial information and other documents listed on the enclosed Document Checklist by November 16, 2013.** We have included a pre-paid envelope for your convenience. To take advantage of the greatest number of available solutions, you must return the requested documents as soon as possible.

**We encourage you to call us if you are not interested in pursuing any loan assistance options or alternatives to foreclosure. We may be able to limit future collection calls on your account.**

We want to help, so please consider this opportunity.

Home Loan Team  
Bank of America, N.A.

\* For those qualified under the Servicemembers Civil Relief Act, foreclosure may not occur during your period of military service and an additional nine months after the end of your active duty.

Enclosures: (1) Frequently Asked Questions (2) Document Checklist (3) Information on Loss Mitigation (4) Request for Mortgage Assistance (5) IRS Form 4506-T (6) Non-Borrower Credit Authorization Form (7) Blank IRS Form 4506-T for non-borrower Income (8) Important Disclosures (9) Pre-paid return envelope

In order to expedite your review for loan assistance, Bank of America, N.A. is working with a third-party company, Home Retention Services, Inc. Federal law requires that we communicate to you that Bank of America is a debt collector and also that Home Retention Services, Inc. is a licensed debt collector. However, the purpose of the communication is to let you know about your potential eligibility for a loan assistance program that may help you bring or keep your loan current through more affordable payments. Please see the enclosed insert for important disclosures from Home Retention Services, Inc.

If you are currently in a bankruptcy proceeding, or have previously obtained a discharge of this debt under applicable bankruptcy law, this notice is for information only and is not an attempt to collect the debt, a demand for payment, or an attempt to impose personal liability for that debt. You are not obligated to discuss your home loan with us or enter into a loan modification or other loan assistance program. You should consult with your bankruptcy attorney or other advisor about your legal rights and options. Please read the enclosed Frequently Asked Questions for more information.

1. Read the instructions on the Document Checklist
2. Review the enclosed:
  - Frequently Asked Questions and Important Notice to Help You Avoid Foreclosure Scams
  - Information on Loss Mitigation
3. Submit your required financial documents including:
  - Request for Mortgage Assistance (RMA)
  - IRS Form 4506-T
  - Income and Hardship documentation (described in the RMA or Document Checklist)

## Helpful Resources

Learn more online at:  
[bankofamerica.com/homeloanhelp](http://bankofamerica.com/homeloanhelp)

If you have questions or need help with your application for loan assistance, please call:

**1.877.422.1761**

Mon. - Fri. 8 a.m. - 8 p.m. ET  
Saturday 8 a.m. – 3 p.m. ET

Mortgages funded and administered by an Equal Housing Lender.

Protect your personal information before recycling this document.

**MILITARY PERSONNEL/SERVICEMEMBERS:** If you or your spouse is a member of the military, please contact us immediately. The federal Servicemembers Civil Relief Act and comparable state laws afford significant protections and benefits to eligible military service personnel, including protections from foreclosure as well as interest rate relief. For additional information and to determine eligibility please contact our Military Assistance Team toll free at 1.877.430.5434. If you are calling from outside the U.S. please contact us at 1.817.685.6491.

## Frequently Asked Questions

**Q. Why did I receive this package?**

You received this package because we received your request for assistance or we have not received one or more of your monthly mortgage payments. We want to ensure you are aware of the options that may be available to help you avoid foreclosure. Please send us the requested documents so that we can work with you to identify options that may be available to you to resolve any temporary or long-term financial challenges you face in making your mortgage payments.

**Q. What if I am in bankruptcy proceedings?**

If you are represented by an attorney, we must speak with your attorney or have your attorney's permission to speak with you about loss mitigation options. Please have your attorney contact us.

In addition, please consult with your attorney about how these programs could affect your mortgage and your bankruptcy case. Because you are in bankruptcy, any final modification of your mortgage will require bankruptcy court approval. If you are in Chapter 13 bankruptcy, you may also be required to amend your bankruptcy plan. Your bankruptcy attorney can assist you with that process.

**Q. What if my personal obligation to repay the debt was discharged in a bankruptcy proceeding?**

If you received a discharge of debt in a bankruptcy proceeding, you may still be eligible to modify the secured obligation on the loan to the extent you choose to continue making payments to avoid foreclosure. The modification will not impact the bankruptcy discharge.

**Q. Will it cost money to get help?**

You should never pay a fee to obtain assistance or information about foreclosure avoidance options. Be cautious of companies or individuals offering to help you for a fee, and never send a mortgage payment to any company other than Bank of America, N.A. (the Servicer of your loan) or one designated to receive your payments under a state assistance program.

**Q. What happens once I have sent my financial documents to you?**

Within approximately three days of receipt of your financial documents, we will mail you an acknowledgement confirming the receipt of your initial documentation. When we receive your documents, we will also begin our review to determine whether or not we have received all of the required documentation to complete our evaluation. This documentation review takes approximately five days. Following our review of your package, we will send a letter that either confirms we have all documentation to continue the evaluation or that identifies missing documents that you need to provide. When we have confirmed receipt of all documents to complete our review (and if the documents were received within the timeframe requested), we will complete the evaluation process, which takes approximately 30 days.

Following our evaluation, we will let you know in writing which options, if any, are available to you and will inform you of your next steps to accept any available offer.

**Q. Will I be evaluated for the Home Affordable Modification Program (HAMP) when I submit my completed financial documentation?**

Yes, as appropriate. Several options may be available depending on your situation such as a repayment plan, forbearance or refinance. However, if your documentation demonstrates the necessary hardship, we will evaluate you for participation in the Home Affordable Modification Program (HAMP). HAMP, part of the Making Home Affordable Program announced by the federal government, is designed to help homeowners who are having difficulty making their payments by modifying loans to a payment that is affordable for borrowers now and sustainable over the long term. Visit [bankofamerica.com/homeloanhelpt](http://bankofamerica.com/homeloanhelpt) or [makinghomeaffordable.gov](http://makinghomeaffordable.gov) to learn more about the Home Affordable Modification Program. If you are not eligible for HAMP, we will evaluate your loan for all remaining options.

**Q. If I qualify for a loan modification, how will my mortgage be modified?**

The modification may involve some or all of the following changes to your mortgage:

- Adding past due amounts to the existing balance of your mortgage to bring the account current
- Adjusting the interest rate on your loan
- Extending the term of your loan or recalculating your loan payments over a longer period
- Delaying repayment of a portion of the mortgage principal until the end of the loan term
- Forgiving a portion of your principal either up front or within three years if certain conditions are met and you remain in good standing on your modified monthly payments

Before you enter into a loan modification including principal forgiveness, you should consult a tax professional to understand tax implications that may be associated with receiving a modification.

**Q. If my loan is permanently modified, will you waive any unpaid late charges?**

Yes. Any unpaid late fees will be waived at the time of modification. Also, we do not charge fees for the modification. However, we may incur third-party fees such as attorney fees, recording fees, etc., and you will be responsible for payment of those fees.

**Q. If I receive a loan modification, can my modified loan terms ever revert to the original loan terms?**

No. Once your loan is modified, the new terms stay in place for the remainder of your loan.

**Q. Are there any special programs for military personnel?**

Yes. Bank of America is dedicated to assisting our military customers with their home loan needs and has a Military Modification program which is an extension of the federal government's Home Affordable Modification Program. It offers additional benefits for eligible military customers who are having difficulty with mortgage payment affordability up to and including potential principal forgiveness. Please contact us at **1.877.430.5434** if you are currently on active military duty or were released from active duty within the last nine months so that we can work with you to determine if this program is right for you. If you are calling from outside the U.S. please call us at **1.817.685.6491**.

**Q. Will a foreclosure occur if I participate in the Home Affordable Modification Program?**

If your loan has been previously referred to foreclosure, we will not conduct a foreclosure sale (subject to court approval where applicable) during the period of time you have to send us all required documents, and while we evaluate your complete application once it is received. If we send you a letter requesting additional documents or information to complete the application, we will tell you the deadline for getting those documents to us. In no event will we be able to process a modification request unless all required documents are received by us no later than midnight of the seventh business day prior to a scheduled foreclosure sale. DO NOT IGNORE ANY FORECLOSURE NOTICES YOU MIGHT RECEIVE.

If your loan is eligible for the Home Affordable Modification Program, you will enter into a Trial Period Plan. You will receive a Trial Period Plan notice which will contain a new trial payment amount. This will temporarily replace your current mortgage payment during the Home Affordable Mortgage Program trial period. To accept the Trial Period Plan, you must make your first trial payment by the specified due date. Once you accept, we will halt the foreclosure process as long as you continue to make your required trial plan payments.

If your loan does not qualify for the Home Affordable Modification Program, or if you fail to comply with the terms of the Trial Period Plan, we will send you a letter explaining the reason why you do not qualify for the program. In most cases, you will have 30 days to review the reason and contact us to discuss any concerns you may have. During this 30-day review period, we may continue with the pending foreclosure action, but no foreclosure sale will be conducted and you will not lose your home.

The Home Affordable Modification Program evaluation and the process of foreclosure may proceed at the same time. You may receive foreclosure/eviction notices - delivered by mail or in person - or you may see steps being taken to proceed with a foreclosure sale of your home. While you will not lose your home during the Home Affordable Modification Program evaluation, to protect your rights under applicable foreclosure law, you may need to respond to these foreclosure notices or take other actions. If you have any questions about the foreclosure process, contact us at **1.877.422.1761**. If you do not understand the legal consequences of the foreclosure, you are also encouraged to contact a lawyer or housing counselor for assistance.

**Q. What if I am unemployed?**

If you are currently unemployed, please call us to discuss available options.

**Q. What happens if my loan does not qualify for a program that will allow me to keep my home?**

Not all loans will be eligible for a home retention program, such as a repayment plan, forbearance or loan modification. If your loan is not eligible for any of these options, we will provide you information concerning alternative programs that may help. These programs could include a short sale or a deed in lieu of foreclosure. Please remember to continue making your payments while we are evaluating you for all loan assistance options.

**Q. Will my credit score be affected if I accept a foreclosure prevention alternative?**

While the affect on your credit will depend on your individual credit history, entering into a plan with reduced payments may adversely affect your credit score, particularly if you are current on your mortgage or otherwise have a good credit score. Please note that if you enter into a modification, your loan will be reported as paying under a partial payment plan during the trial period, and will be reported as modified after the final modification agreement. If you are behind on your payments when you start your trial, your loan will continue to be reported as "delinquent" until your loan has been permanently modified, even if you are making your trial payments. Credit scores are determined by your credit history and not controlled directly by Bank of America. Our commitment is to accurately report the status of all our customers' accounts. Visit [ftc.gov/bcp/edu/pubs/consumer/credit/cre24.shtm](http://ftc.gov/bcp/edu/pubs/consumer/credit/cre24.shtm) for more information about credit reporting.

**Q. If I am eligible to participate in a loan assistance program, will housing counseling be required?**

Borrowers, especially delinquent borrowers, are strongly encouraged to contact a HUD-approved housing counselor to help them understand all of their options and to create a workable budget plan. These services by HUD-approved housing counselors are free. However, housing counseling is only required for borrowers whose total monthly debts are very high in relation to their incomes. It is voluntary for other applicants. You can use the search tool at <http://www.hud.gov/offices/hsg/sfh/hcc/fc/> to find a HUD-approved counseling agency near you.

If your loan is eligible to be reviewed for the Home Affordable Modification Program, we will evaluate your monthly debts, including the amount you will owe on the new mortgage payment after it is modified, as well as payments on a second mortgage, car loans, credit cards, etc. If the sum of all of these recurring monthly expenses is equal to or more than 55% of your gross monthly income, you must agree to participate in housing counseling provided by a HUD-approved housing counselor as a condition of receiving a modification under the Home Affordable Modification Program.

**Q. How will a modification of my loan affect the mortgage insurance on my loan?**

Mortgage Insurance (MI) is typically required on loans where the original loan amount is greater than 80% of the original value of the property. MI coverage protects lenders and investors against a financial loss when borrowers default.

If you did not already have MI on your loan prior to the modification, you will not be required to obtain it as a result of the modification. If you currently have MI, and the modified principal balance changes as a result of the modification, your MI premiums may change as well. Furthermore, the date on which you may request cancellation of the MI may change. For loans on single family primary residences, federal law allows you to request that MI be canceled on either:

- The date the principal balance on your loan is scheduled to reach 80% of the original value of the property; or
- The date the principal balance is reduced to 80% of the original value of the property based on actual payments.

State law or investor guidelines may also allow for the cancellation of MI at different times or if your loan is secured by a 2- to 4-unit property. For more information about mortgage insurance please call us at 1.800.669.6650.

**Q. What happens if I have a Borrowers Protection Plan® on my loan?**

If you qualify for a modification and you have a Borrowers Protection Plan with your mortgage, please contact us at 1.866.317.5116 to discuss whether you may be eligible for benefits, how your Plan may be impacted by a mortgage modification, and what additional options you may have.

**Q. What happens if I have other optional products or credit insurance?**

If you purchased an optional product after your loan closed, such as accidental death insurance or Privacy Assist, where you agreed to have the cost for the optional product added to your mortgage payment, please contact us at 1.800.641.5298 to discuss the choices you may have.

If you have credit insurance, please contact us at 1.800.288.7647 to discuss your credit insurance plan.

**Q. Are there additional resources where I can find information about the Home Affordable Modification Program?**

Call the Homeowner's HOPE™ Hotline at 1.888.995.HOPE (4673). This Hotline can help with questions about the program and offers access to free HUD-certified counseling services in English and Spanish.



**Q. What if I am aware of fraud, waste, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program?**

Please contact SIGTARP at 1.877.SIG.2009 (toll-free), 202.622.4559 (fax), or [sigtarp.gov](http://sigtarp.gov). Mail can be sent to: Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L Street NW, Washington, DC 20220.



**IMPORTANT NOTICE TO HELP YOU AVOID FORECLOSURE SCAMS**

**Beware of foreclosure rescue scams. Help is free from your mortgage servicer, Bank of America, N.A.**

- These programs are only available to you through Bank of America, N.A.
- There is never a fee to get assistance or information about the Home Affordable Modification Program from your mortgage servicer or a housing counselor approved by the U.S. Department of Housing and Urban Development (HUD). Visit [hud.gov/offices/hsg/sfh/hcc/fc/](http://hud.gov/offices/hsg/sfh/hcc/fc/) to find a HUD-approved counselor.
- Beware of any person or organization that asks you to pay a fee in exchange for housing counseling services or modification of a delinquent loan.
- Beware of anyone who says they can "save" your home if you sign or transfer over the deed to your house. Do not sign over the deed to your property to any organization or individual unless you are working directly with Bank of America, N.A. to forgive your debt.
- Never make your mortgage payments to anyone other than Bank of America, N.A. without our approval.

# Required Documents for Home Loan Assistance

Please make sure to only send copies of your documents – keep originals for your records.

**Section 1:** All borrowers listed on the loan must provide all of the documents in this section.

- Two most recent, consecutive monthly bank statements (all pages)
- Personal federal tax returns from the previous year (all pages, signed and dated)
- Homeowners Insurance Declaration Page (proof of Homeowners insurance)
- Property Tax Statement

**Section 2:** All borrowers listed on the loan must complete and provide all of the documents enclosed in this section.

- Request for Modification Affidavit (RMA)
- IRS Form 4506-T
- Dodd-Frank Certification Form
- Non-Borrower Forms (if applicable per Section 3)

**Section 3:** For each category that applies to any borrower on the loan, all documents must be provided.

If you are a salaried or hourly employee:

- Two most recent, consecutive pay stubs showing at least 30 days of year-to-date earnings

If you are self-employed:

- Most recent quarterly or year-to-date profit/loss statement for each self-employed borrower – signed and dated

If the home is your primary residence (you currently live in the home):

- Most recent utility bill (gas, electric, water) showing your name and property address

If you receive income from a rental property:

- Complete list of real estate that you own, including the monthly payment for all mortgages, taxes and insurance (if not impounded/escrowed) and any homeowner association dues
- Current rental agreement(s), and two most recent monthly bank statements (all pages) or other proof showing receipt of rental income
- Federal tax returns from the previous year with all required schedules including Schedule E (Supplemental Income and Loss); if a Schedule E is not available because the property was not previously rented, provide written explanation of such

If you belong to a Homeowners Association:

- Most recent bill or letter from Homeowners/Condominium Association reflecting amount of dues and statement showing payments up to date

If you receive alimony, child support or separation maintenance as qualifying income:

You are not required to disclose this income unless you choose to have it considered.

- Divorce decree, separation agreement, other written agreement filed with the court, or decree that states the amount and period of time payment will be received
- Two most recent monthly bank statements (all pages) or other proof showing receipt of income

If you receive income from social security, disability or death benefits, pension, adoption assistance, public assistance, unemployment or if your employment is seasonal:

- Benefits statement or letter from the provider that states the amount, frequency and duration of the benefit
- Two most recent monthly bank statements (all pages) or other proof showing receipt of income
- For each borrower who is receiving unemployment benefits, copy of benefits statements showing eligibility of benefit or unemployment benefits received within the last six months. Statement of benefits must show the amount, frequency and duration of the benefit

If you have income from any other source(s):

This could include bonuses, tips, investments, renter income or any additional household contributions.

- Documentation describing the nature of the income, such as an employment contract or documents tracking tip income, room rental agreement, spouse/parental support
- Two most recent monthly bank statements (all pages) or other proof showing receipt of income
- You may also disclose any income from a household member who is not on the promissory note (non-borrower), such as a relative, spouse, domestic partner, or fiancé who occupies the property as a primary residence. If you choose to disclose and rely upon this income to qualify, the required income documentation is the same as the income documentation required for a borrower. Refer to all Sections for required documentation. Note: Both a 4506-T and the Non-Borrower Credit Authorization Forms enclosed will need to be completed and signed by each non-borrower

If you are a military borrower on active duty or within 9 months of release:

- Active duty military orders or other proof of active duty status which reflects start and end date
- Most recent Leave and Earnings statement showing year-to-date earnings

For questions about these documents, please call us or visit: [bankofamerica.com/documentchecklist](http://bankofamerica.com/documentchecklist)

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## **Information on Loss Mitigation**

Please keep this page for your records.

### **Mortgage Programs That Are Available to Help**

There are a variety of programs available to help you. You may be eligible to refinance or modify your mortgage to make your payments and terms more manageable, for instance, lowering your monthly payment to make it more affordable. Or, if you have missed a few payments, you may qualify for a temporary (or permanent) solution to help you get your finances back on track. Depending on your circumstances, staying in your home may not be possible. However, a short sale or deed-in-lieu of foreclosure may be an option — see the table below for more information:

<b>OPTION</b>	<b>OVERVIEW</b>	<b>BENEFIT</b>
<b>Refinance</b>	Receive a new loan with lower interest rate or other favorable terms	Makes your payment or terms more affordable
<b>Reinstatement</b>	Pay the total amount you owe, in a lump sum payment and by a specific date. This may follow a forbearance plan as described below	Bring your mortgage current if you can show you have funds that will become available at a specific date in the future
<b>Repayment Plan</b>	Pay back your past-due payments together with your regular payments over an extended period of time	Allows you time to catch up on late payments without having to pay a lump sum
<b>Forbearance Plan</b>	Make reduced mortgage payments or no mortgage payments for a specific period of time	Have time to improve your financial situation and get back on your feet
<b>Modification</b>	Receive modified terms of your mortgage to make it more affordable or manageable after successfully making a reduced payment during a trial period (i.e., completing a three [or four] month trial period plan)	Permanently modifies your mortgage so that your payments or terms are more manageable as a permanent solution to a long-term or permanent hardship
<b>Short Sale</b>	Sell your home and pay off a portion of your mortgage balance when you owe more on the home than it is worth	Allows you to transition out of your home. In some cases relocation assistance may be available
<b>Deed-in-Lieu of Foreclosure</b>	Transfer the ownership of your property to us	Allows you to transition out of your home. In some cases relocation assistance may be available. This is useful when there are no other liens on your property

### **We Want to Help**

Take action and gain peace of mind. Complete and return the requested documents to explore whether you qualify for options that may assist you in getting the help you need now.

**Making Home Affordable Program  
Request For Mortgage Assistance (RMA)**



If you are experiencing a financial hardship and need help, you must complete and submit this form along with other required documentation to be considered for foreclosure prevention options under the Making Home Affordable (MHA) Program. You must provide information about yourself and your intentions to either keep or transition out of your property; a description of the hardship that prevents you from paying your mortgage(s); information about all of your income, expenses and financial assets; whether you have declared bankruptcy; and information about the mortgage(s) on your principal residence and other single family real estate that you own. Finally, you will need to return to your loan servicer (1) this completed, signed and dated Request for Mortgage Assistance (RMA); and (2) completed and signed IRS Form 4506-T or 4506T-EZ; and (3) all required income documentation identified in Section 4.

When you sign and date this form, you will make important certifications, representations and agreements, including certifying that all of the information in this RMA is accurate and truthful.

**SECTION 1: BORROWER INFORMATION**

**BORROWER**

<b>BORROWER'S NAME</b> Paul Jones	
<b>SOCIAL SECURITY NUMBER</b>	<b>DATE OF BIRTH (MM/DD/YYYY)</b>
<b>HOME PHONE NUMBER WITH AREA CODE</b>	
<b>CELL OR WORK NUMBER WITH AREA CODE</b>	
<b>MAILING ADDRESS</b> 572 Park St. Stoughton, MA 02072 3645	
<b>EMAIL ADDRESS</b>	

**CO-BORROWER**

<b>CO-BORROWER'S NAME</b>	
<b>SOCIAL SECURITY NUMBER</b>	<b>DATE OF BIRTH (MM/DD/YYYY)</b>
<b>HOME PHONE NUMBER WITH AREA CODE</b>	
<b>CELL OR WORK NUMBER WITH AREA CODE</b>	
<b>MAILING ADDRESS (IF SAME AS BORROWER, WRITE "SAME")</b>	
<b>EMAIL ADDRESS</b>	

Has any borrower filed for bankruptcy?  Chapter 7  Chapter 13  
 Filing Date: \_\_\_\_\_ Bankruptcy case number: \_\_\_\_\_  
 Has your bankruptcy been discharged?  Yes  No

Is any borrower a servicemember?  Yes  No  
 Have you recently been deployed away from your principal residence or recently received a permanent change of station order?  Yes  No

How many single family properties other than your principal residence do you and/or any co-borrower(s) own individually, jointly, or with others? \_\_\_\_\_  
 Has the mortgage on your principal residence ever had a Home Affordable Modification Program (HAMP) trial period plan or permanent modification?  Yes  No  
 Has the mortgage on any other property that you or any co-borrower own had a permanent HAMP modification?  Yes  No If "Yes", how many? \_\_\_\_\_  
 Are you or any co-borrower currently in or being considered for a HAMP trial period plan on a property other than your principal residence?  Yes  No

**SECTION 2: HARDSHIP AFFIDAVIT**

I (We) am/are requesting review under MHA.

I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):

<input type="checkbox"/> My household income has been reduced. For example: reduced pay or hours, decline in business or self-employment earnings, death, disability, or divorce of a borrower or co-borrower.	<input type="checkbox"/> My monthly debt payments are exclusive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.
<input type="checkbox"/> My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities, or property taxes.	<input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.
<input type="checkbox"/> I am unemployed and (a) I am receiving/will receive unemployment benefits or (b) my unemployment benefits ended less than 6 months ago.	Other:

Explanation (continue on a separate sheet of paper if necessary):

## SECTION 3: PRINCIPAL RESIDENCE INFORMATION

(This section is required even if you are not seeking mortgage assistance on your principal residence)

I am requesting mortgage assistance with my principal residence  YES  NOIf "yes"  Keep the property  Sell the property

Property Address: 572 Park Street Stoughton, MA 02072 Loan ID Number: 59231592

Other mortgages or liens on the property?  YES  NO Lien Holder / Servicer Name: \_\_\_\_\_ Loan ID Number: 59231592Do you have condominium or homeowner association (HOA) fees?  YES  NO If "Yes", Monthly Fee \$ \_\_\_\_\_ Are fees paid current  YES  NO

Name and address that fees are paid to: \_\_\_\_\_

Does your mortgage payment include taxes and insurance?  YES  NO If "NO", are the taxes and insurance paid current?  YES  NO

Annual Homeowner's Insurance \$ \_\_\_\_\_

Is the property listed for sale?  YES  NO If "YES", Listing Agent's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_List Date: \_\_\_\_\_ Have you received a purchase offer?  YES  NO Amount of Offer \$ \_\_\_\_\_ Closing Date: \_\_\_\_\_

Complete this section ONLY if you are requesting mortgage assistance with a property that is not your principal residence.

Principal residence servicer name: \_\_\_\_\_ Principal residence service phone number: \_\_\_\_\_

Is the mortgage on your principle residence paid?  YES  NO If "NO" number of months your payment is past due (if known): \_\_\_\_\_

## SECTION 4: COMBINED INCOME AND EXPENSE OF BORROWER AND CO-BORROWER

Monthly Household Income		Monthly Household Expense/Debt (*Principal Residence Expense Only)		Household Assets	
Monthly Gross wages	\$	First Mortgage Principal & Interest Payment*	\$	Checking Account(s)	\$
Overtime	\$	Second Mortgage Principal & Interest Payment*	\$	Checking Account(s)	\$
Self employment income	\$	Homeowner's Insurance*	\$	Savings/ Money Market	\$
Unemployment Income	\$	Property Taxes*	\$	CDs	\$
Untaxed Social Security/SSD	\$	HOA/Condo Fees*	\$	Stocks / Bonds	\$
Food Stamps/Welfare	\$	Credit Cards/Installment debt (total min. payment)	\$	Other Cash on Hand	\$
Taxable Social Security or retirement income	\$	Child Support / Alimony	\$		\$
Child Support / Alimony**	\$	Car Payments	\$		\$
Tips, commissions, bonus and overtime	\$	Mortgage Payments other properties****	\$		\$
Gross Rents Received ***	\$	Other	\$	Value of all Real Estate except principle residence	\$
Other	\$		\$	Other	\$
Total (Gross Income)	\$	Total Debt/Expenses	\$	Total Assets	\$

\*\* Alimony, child support or separate maintenance income need not be disclosed if you do not choose to have it considered for repaying your mortgage debt.

\*\*\* I include rental income received from all properties you own EXCEPT a property for which you are seeking mortgage assistance in Section 6.

\*\*\*\* I include mortgage payments on all properties you own EXCEPT your principal residence and the property for which you are seeking mortgage assistance in Section 6.

Required Income Documentation	
(Your servicer may request additional documentation to complete your evaluation for MHA)	
All Borrowers	<input type="checkbox"/> Include a signed IRS Form 4506-T or 4506-T-EZ
<input type="checkbox"/> Do you earn a wage?	<input type="checkbox"/> For each borrower who is a salaried employee or hourly wage earner, provide the most recent pay stub(s) that reflects at least 30 days of year-to-date income.
Borrower Hire Date (MM/DD/YY) _____ Co-borrower Hire Date (MM/DD/YY) _____	
<input type="checkbox"/> Are you self-employed?	<input type="checkbox"/> Provide your most recent signed and dated quarterly or year-to date profit and loss statement.
<input type="checkbox"/> Do you receive tips, commissions, bonuses, housing allowance or overtime?	<input type="checkbox"/> Describe the type of income, how frequently you receive the income and third party documentation describing the income (e.g., employment contracts or printouts documenting tip income).
<input type="checkbox"/> Do you receive social security, disability, death benefits, pension, public assistance or adoption assistance?	<input type="checkbox"/> Provide documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider and receipt of payment (such as two most recent bank statements or deposit advices).
<input type="checkbox"/> Do you receive alimony, child support, or separation maintenance payments?	<input type="checkbox"/> Provide a copy of the divorce decree, separation agreement, or other written legal agreement filed with the court that states the amount of the payments and the period of time that you are entitled to receive them AND <input type="checkbox"/> Copies of your two most recent bank statements or deposit advices showing you have received payment. Notice: All alimony, child support or separate maintenance income need not be disclosed if you do not choose to have it considered for repaying your mortgage debt.
<input type="checkbox"/> Do you have income from rental properties that are not your principal residence?	<input type="checkbox"/> Provide your most recent Federal Tax return with all schedules, including Schedule E. <input type="checkbox"/> If rental income is not reported on Schedule E, provide a copy of the current lease agreement with bank statements showing deposit of rent checks.

#### SECTION 5. OTHER PROPERTIES OWNED

(You must provide information about all properties that you or the co-borrower own other than your principal residence and any property described in Section 4 below. Use additional sheets if necessary.)

##### Other Property #1

Property Address: _____	Loan I.D. Number: _____
Servicer Name: _____	Mortgage Balance \$ _____ Current Value \$ _____
Property is: <input type="checkbox"/> Vacant <input type="checkbox"/> Second or seasonal home <input type="checkbox"/> Rented	Gross Monthly Rent \$ _____ Monthly mortgage payment* \$ _____

##### Other Property #2

Property Address: _____	Loan I.D. Number: _____
Servicer Name: _____	Mortgage Balance \$ _____ Current Value \$ _____
Property is: <input type="checkbox"/> Vacant <input type="checkbox"/> Second or seasonal home <input type="checkbox"/> Rented	Gross Monthly Rent \$ _____ Monthly mortgage payment* \$ _____

##### Other Property #3

Property Address: _____	Loan I.D. Number: _____
Servicer Name: _____	Mortgage Balance \$ _____ Current Value \$ _____
Property is: <input type="checkbox"/> Vacant <input type="checkbox"/> Second or seasonal home <input type="checkbox"/> Rented	Gross Monthly Rent \$ _____ Monthly mortgage payment* \$ _____

\* The amount of the monthly payment made to your lender – including, if applicable, monthly principal, interest, real property taxes and insurance premiums..

## SECTION 6 OTHER PROPERTY FOR WHICH ASSISTANCE IS REQUESTED

(Complete this section ONLY if you are requesting mortgage assistance with a property that is not your principal residence.)

 I am requesting mortgage assistance with a rental property.  Yes  No I am requesting mortgage assistance with a second or seasonal home.  Yes  NoIf "Yes" to either, I want to:  Keep the property  Sell the property

Property Address: \_\_\_\_\_ Loan I.D. Number: \_\_\_\_\_

Do you have a second mortgage on the property  Yes  No If "Yes", Servicer Name: \_\_\_\_\_ Loan I.D. Number: \_\_\_\_\_Do you have condominium or homeowner association (HOA) fees?  Yes  No If "Yes", Monthly Fee \$ \_\_\_\_\_ Are HOA fees paid current?  Yes  No

Name and address that fees are paid to: \_\_\_\_\_

Does your mortgage payment include taxes and insurance?  Yes  No If "No", are the taxes and insurance paid current?  Yes  No

Annual Homeowner's Insurance \$ \_\_\_\_\_ Annual Property Taxes \$ \_\_\_\_\_

If requesting assistance with a rental property, property is currently:  Vacant and available for rent. Occupied without rent by your legal dependent, parent or grandparent as their principal residence. Occupied by a tenant as their principal residence Other \_\_\_\_\_

If rental property is occupied by a tenant: Term of lease / occupancy \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ Gross Monthly Rent \$ \_\_\_\_\_

MM / DD / YYYY MM / DD / YYYY

If rental property is vacant, describe efforts to rent property: \_\_\_\_\_

If applicable, describe relationship of and duration of non-rent paying occupant of rental property: \_\_\_\_\_

Is the property for sale?  Yes  No If "Yes", Listing Agent's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_List date? \_\_\_\_\_ Have you received a purchase offer?  Yes  No Amount of offer \$ \_\_\_\_\_ Closing Date \_\_\_\_\_

## RENTAL PROPERTY CERTIFICATION

(You must complete this certification if you are requesting a mortgage modification with respect to a rental property.)

By checking this box and initialing below, I am requesting a mortgage modification under MHA with respect to the rental property described in this Section 6 and I hereby certify under penalty of perjury that each of the following statements is true and correct with respect to that property:

- I intend to rent the property to a tenant or tenants for at least five years following the effective date of my mortgage modification. I understand that the servicer, the U.S. Department of the Treasury, or their respective agents may ask me to provide evidence of my intention to rent the property during such time. I further understand that such evidence must show that I used reasonable efforts to rent the property to a tenant or tenants on a year-round basis, if the property is or becomes vacant during such five-year period.

Note: The term "reasonable efforts" includes, without limitation, advertising the property for rent in local newspapers, websites or other commonly used forms of written or electronic media, and/or engaging a real estate or other professional to assist in renting the property, in either case, at or below market rent.

- The property is not my secondary residence and I do not intend to use the property as a secondary residence for at least five years following the effective date of my mortgage modification. I understand that if I do use the property as a secondary residence during such five-year period, my use of the property may be considered to be inconsistent with the certifications I have made herein.

Note: The term "secondary residence" includes, without limitation, a second home, vacation home or other type of residence that I personally use or occupy on a part-time, seasonal or other basis.

- I do not own more than five (5) single-family homes (i.e., one-to-four unit properties) (exclusive of my principal residence).

Notwithstanding the foregoing certifications, I may at any time sell the property, occupy it as my principal residence, or permit my legal dependent, parent or grandparent to occupy it as their principal residence with no rent charged or collected, none of which will be considered to be inconsistent with the certifications made herein.

This certification is effective on the earlier of the date listed below or the date the RMA is received by your servicer.

Initials: Borrower \_\_\_\_\_ Co-borrower \_\_\_\_\_

## SECTION 7: DODD-FRANK CERTIFICATION

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). You are required to furnish this information. The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 et seq.), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

- (a) felony larceny, theft, fraud, or forgery,
- (b) money laundering or
- (c) tax evasion.

I/we understand that the servicer, the U.S. Department of the Treasury, or their respective agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law. This certification is effective on the earlier of the date listed below or the date this RMA is received by your servicer.

## SECTION 8: INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. If you do not wish to furnish the information, please check the box below.

BORROWER	<input type="checkbox"/> I do not wish to furnish this information	CO-BORROWER	<input type="checkbox"/> I do not wish to furnish this information
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male	Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male

To be completed by interviewer		Name/Address of Interviewer's Employer	
This request was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet		Interviewer's Name (print or type) & ID Number <hr/> Interviewer's Signature      Date <hr/> Interviewer's Phone Number (include area code)	

## SECTION 9: BORROWER AND CO-BORROWER ACKNOWLEDGEMENT AND AGREEMENT

1. I certify that all of the information in this RMA is truthful and the hardship(s) identified above has contributed to submission of this request for mortgage relief.
2. I understand and acknowledge that the Servicer, the U.S. Department of the Treasury, the owner or guarantor of my mortgage loan, or their respective agents may investigate the accuracy of my statements, may require me to provide additional supporting documentation and that knowingly submitting false information may violate Federal and other applicable law.
3. I authorize and give permission to the Servicer, the U.S. Department of the Treasury, and their respective agents, to assemble and use a current consumer report on all borrowers obligated on the loan, to investigate each borrower's eligibility for MHA and the accuracy of my statements and any documentation that I provide in connection with my request for assistance. I understand that these consumer reports may include, without limitation, a credit report, and be assembled and used at any point during the application process to assess each borrower's eligibility thereafter.
4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or if it is determined that any of my statements or any information contained in the documentation that I provide are materially false and that I was ineligible for assistance under MHA, the Servicer, the U.S. Department of the Treasury, or their respective agents may terminate my participation in MHA, including any right to future benefits and incentives that otherwise would have been available under the program, and also may seek other remedies available at law and in equity, such as recouping any benefits or incentives previously received.
5. I certify that any property for which I am requesting assistance is a habitable residential property that is not subject to a condemnation notice.
6. I certify that I am willing to provide all requested documents and to respond to all Servicer communications in a timely manner. I understand that time is of the essence.
7. I understand that the Servicer will use the information I provide to evaluate my eligibility for available relief options and foreclosure alternatives, but the Servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
8. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
9. If I am eligible for assistance under MHA, and I accept and agree to all terms of an MHA notice, plan, or agreement, I also agree that the terms of this Acknowledgment and Agreement are incorporated into such notice, plan, or agreement by reference as if set forth herein in full. My first timely payment, if required, following my service's determination and notification of my eligibility or prequalification for MHA assistance will serve as my acceptance of the terms set forth in the notice, plan, or agreement sent to me.
10. I understand that my Servicer will collect and record personal information that I submit in this RMA and during the evaluation process, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about my account balances and activity. I understand and consent to the Servicer's disclosure of my personal information and the terms of any MHA notice, plan or agreement to the U.S. Department of the Treasury and its agents, Fannie Mae and Freddie Mac in connection with their responsibilities under MHA, companies that perform support services in conjunction with MHA, any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) and to any HUD-certified housing counselor.
11. I consent to being contacted concerning this request for mortgage assistance at any e-mail address or cellular or mobile telephone number I have provided to the Servicer. This includes text messages and telephone calls to my cellular or mobile telephone.

The undersigned certifies under penalty of perjury that all statements in this document are true and correct.

Borrower Signature	Social Security Number	Date of Birth	Date
Paul Jones			

Co-borrower Signature	Social Security Number	Date of Birth	Date

#### HOMEOWNER'S HOTLINE

If you have questions about this document or the Making Home Affordable Program, please call your servicer. If you have questions about the program that your servicer cannot answer or need further counseling, you can call the *Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673)*.

The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.



#### NOTICE TO BORROWERS

Be advised that by signing this document you understand that any documents and information you submit to your servicer in connection with the Making Home Affordable Program are under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy of your property, hardship circumstances, and/or income, expenses, or assets will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution. By signing this document you certify, represent and agree that: "Under penalty of perjury, all documents and information I have provided to my Servicer in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or [www.sigtar.gov](http://www.sigtar.gov) and provide them with your name, our name as your servicer, your property address, loan number and the reason for escalation. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.

##### Beware of Foreclosure Rescue Scams. Help is FREE!

- There is never a fee to get assistance or information about the Making Home Affordable Program from your lender or a HUD-approved housing counselor.
- Beware of any person or organization that asks you to pay a fee in exchange for housing counseling services or modification of a delinquent loan.
- Beware of anyone who says they can "save" your home if you sign or transfer over the deed to your house. Do not sign over the deed to your property to any organization or individual unless you are working directly with your mortgage company to forgive your debt.
- Never make your mortgage payments to anyone other than your mortgage company without their approval.



**4506-T**(Rev. January 2012)  
Department of the Treasury  
Internal Revenue Service**Request for Transcript of Tax Return**

► Request may be rejected if the form is incomplete or illegible.

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.  Paul Jones	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.  Paul Jones, 572 Park Street, Stoughton, MA 02072	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)  Paul Jones, 572 Park Street, Stoughton, MA 02072	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.  Bank of America, N.A. C/O Home Retention Services, Inc. 9700 Bissonnet Street, Suite 1500 Houston, TX 77036	

UserID: JNADEAU1

**Caution.** If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

**6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ► 1040

- a** **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days
- b** **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days
- c** **Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days
- 7 Verification of Nonfiling**, which is proof from the IRS that you did not file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days
- 8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript**. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2010, filed in 2011, will not be available from the IRS until 2012. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

**Caution.** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. 12/31/2011 12/31/2012

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved identity theft on your federal tax return.

**Caution.** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. Note. For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Phone number of taxpayer on line 1a or 2a

<b>Sign Here</b>	► Signature (see instructions)	Date
	► Title (if line 1a above is a corporation, partnership, estate, or trust)	
	► Spouse's signature	Date



Section references are to the Internal Revenue Code unless otherwise noted.

### What's New

The IRS has created a page on IRS.gov for information about Form 4506-T at [www.irs.gov/form4506](http://www.irs.gov/form4506). Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

### General Instructions

**CAUTION.** Do not sign this form unless all applicable lines have been completed.

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

**Note.** If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946.

### Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

**If you filed an individual return and live in:** **Mail or fax to the "Internal Revenue Service" at:**

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301
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Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888
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Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999
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### Chart for all other transcripts

**If you lived in or your business was in:** **Mail or fax to the "Internal Revenue Service" at:**

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
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Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
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**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 3.** Enter your current address. If you use a P.O. box, include it on this line.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note.** If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See section 6103(e). If the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained along as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 10 min.; Preparing the form, 12 min.; and Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service  
Tax Products Coordinating Committee  
SE:W:CAR:MP:T:M:S  
1111 Constitution Ave. NW, IR-6526  
Washington, DC 20224

Do not send the form to this address. Instead, see Where to file on this page.



**4506-T**(Rev. January 2012)  
Department of the Treasury  
Internal Revenue Service**Request for Transcript of Tax Return**

► Request may be rejected if the form is incomplete or illegible.

OMB No. 1545-1872

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4 Previous address shown on the last return filed if different from line 3 (see instructions)

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.

Bank of America, N.A.  
C/O Home Retention Services, Inc.  
9700 Bissonnet Street, Suite 1500  
Houston, TX 77036

UserID: JNADEAU1

**Caution.** If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ► 1040

- a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days
- b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days
- c **Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days
- 7 **Verification of Nonfiling**, which is proof from the IRS that you did not file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days
- 8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript**. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2010, filed in 2011, will not be available from the IRS until 2012. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

**Caution.** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. 12/31/2011 12/31/2012

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved identity theft on your federal tax return

Caution. Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Phone number of taxpayer on line 1a or 2a

Sign Here	<b>Signature</b> (see instructions)	Date
	Title (if line 1a above is a corporation, partnership, estate, or trust)	
	<b>Spouse's signature</b>	Date



Form 4506-T (Rev. 1-2012)

Section references are to the Internal Revenue Code unless otherwise noted.

## What's New

The IRS has created a page on IRS.gov for information about Form 4506-T at [www.irs.gov/form4506](http://www.irs.gov/form4506). Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

## General Instructions

**CAUTION.** Do not sign this form unless all applicable lines have been completed.

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

**Note.** If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit [usat.irs.gov](http://usat.irs.gov) and click on "Order a Transcript" or call 1-800-908-9946.

## Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

**If you filed an individual return and lived in:** **Mall or fax to the "Internal Revenue Service" at:**

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301
	512-460-2272

Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888
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Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999
	816-292-6102

## Chart for all other transcripts

**If you lived in or your business was in:** **Mall or fax to the "Internal Revenue Service" at:**

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
	801-620-6922

Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
	859-669-3592

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 3.** Enter your current address. If you use a P.O. box, include it on this line.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note.** If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

## Privacy Act and Paperwork Reduction Act

**Notice.** We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained along as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 10 min.; Preparing the form, 12 min.; and Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service

Tax Products Coordinating Committee  
SE:W:CAR:MP:T:M:S  
1111 Constitution Ave. NW, IR-6526  
Washington, DC 20224

Do not send the form to this address. Instead, see Where to file on this page.



**To Be Completed if a Borrower/Co-Borrower Discloses Income From a Household Member Who is Not on the Promissory Note**

LOAN #: 59231592

Your Request for Mortgage Assistance (RMA) or Uniform Borrower Assistance Form (Form 710) indicates that a non-borrower contributes to your total household income. For our purposes, a "non-borrower" is an individual who resides in your home and contributes to the household income but is not personally obligated on your mortgage loan. As part of the evaluation process, a Credit Authorization Form must be completed and signed by each non-borrower.

Note: Updated or additional documents may be required. Copies of this form may be used if you have more than one non-borrower contributing to your total household income.

Please have the non-borrower fully execute the below **NON-BORROWER CREDIT AUTHORIZATION FORM**.

**NON-BORROWER CREDIT AUTHORIZATION FORM TO OBTAIN CONSUMER CREDIT REPORT**

The undersigned non-borrower certifies the following:

1. I am an occupant of 572 Park Street Stoughton, MA 02072 (the "Property");
2. I contribute to the total household income of the Property;
3. I understand and acknowledge that Bank of America is evaluating the mortgage loan that is secured by the Property for a loan modification.
4. I hereby authorize Bank of America, N.A., or its designated agent, to obtain and review a consumer credit report containing my credit history and other non-public information as part of its evaluation process.

This Authorization shall constitute the undersigned's agreement to allow Bank of America, N.A. to obtain a copy of a consumer credit report in the manner permitted by the Fair Credit Reporting Act.

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NAME (Non-Borrower)

---

SIGNATURE (Non-Borrower)

---

RELATIONSHIP TO BORROWER

---

DATE

NON-BORROWER SOCIAL SECURITY NUMBER: \_\_\_\_\_



59231592+BACREMFDR\_10312013

C3\_1013-4

## Home Retention Services

9700 Bissonnet Street, Suite 1500 • Houston, Texas • 77036

**1.877.422.1761**

**Home Retention Services, Inc** is a debt collector. Therefore, the following disclosures are required under various state and federal law. However, we would like to reassure you that we have been retained to assist Bank of America, N.A. with its efforts to reach customers who may be eligible for a Home Affordable modification Program. The true purpose of these letters is to obtain a more affordable payment for you.

### **IMPORTANT DISCLOSURES**

This communication is from a debt collector attempting to collect a debt. Any information you provide **Home Retention Services, Inc** will be used for that purpose. This communication and the phone number listed above are operated by **Home Retention Services, Inc, 9700 Bissonnet Street, Suite 1500, Houston, Texas 77036**. Regular hours of operation are Monday – Friday from 8 a.m. - 10 p.m. Eastern and Saturday from 9 a.m. - 6 p.m. Eastern. **Home Retention Services, Inc** is a third-party debt collection and home retention services company that has been duly authorized by Bank of America, N.A. to contact their borrowers and assist them with this program.

### **NOTICE REGARDING YOUR CURRENT DEBT**

**Bank of America, N.A.** services your mortgage. As of the date of this letter the amount necessary to bring your mortgage current is **\$270,324.45**. Because of interest, late charges, legal fees, and other charges that may vary from day to day, the amount due on the day you pay may be greater. Hence, if you pay the amount shown above, an adjustment may be necessary after your payment is received, in which event your Servicer will inform you before depositing the payment for collection. For further information about payment, contact Bank of America, N.A. at 1.800.669.6650.

### **NOTICE REGARDING DISPUTING YOUR DEBT**

Unless within 30 days of your receipt of this notice, you notify **Home Retention Services, Inc** that you dispute the validity of this debt, it will be assumed to be correct. If you notify **Home Retention Services, Inc** in writing within thirty days that you dispute the validity of the debt, or any portion of the debt, **Home Retention Services, Inc** will obtain and provide you, by mail, with verification of the debt or a copy of the judgment. If you request it in writing within 30 days, **Home Retention Services, Inc** will provide you with the name and address of the original creditor (if different from the current creditor).

### **NOTICE REGARDING BANKRUPTCY**

Please note that if the recipient of this letter is currently in an active bankruptcy case or has received a discharge from a bankruptcy, that this letter is for informational purposes only and is not an attempt to collect a debt or an intention to violate the automatic stay. Please have your bankruptcy attorney contact Bank of America, N.A. for workout options.

### **NOTICES SPECIFIC TO CERTAIN STATES**

**California Residents:** The state Rosenthal Fair Debt Collection Practices Act and the federal Fair Debt Collection Practices Act require that, except under unusual circumstances, collectors may not contact you before 8 a.m. or after 9 p.m. They may not harass you by using threats of violence or arrest or by using obscene language. Collectors may not use false or misleading statements or call you at work if they know or have reason to know that you may not receive personal calls at work. For the most part, collectors may not tell another person, other than your attorney or spouse, about your debt. Collectors may contact another person to confirm your location or enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission at 1-877-FTC-HELP or [www.ftc.gov](http://www.ftc.gov).

**Colorado Residents:** FOR INFORMATION ABOUT THE COLORADO FAIR DEBT COLLECTION PRACTICES ACT, SEE [WWW.AGO.STATE.CO.US/CADC/CADCMAN.CFM](http://WWW.AGO.STATE.CO.US/CADC/CADCMAN.CFM). A consumer has the right to request in writing that a debt collector or collection agency cease further communication with the consumer. A written request to cease communication will not prohibit the debt collector or collection agency from taking any other action authorized by law to collect the debt. Although consumers are strongly encouraged to contact our main office at the toll free number and address listed above to avoid any delays in service, in compliance with Colorado regulations Home Retention Services maintains a local office at 1776 South Jackson Street, #900, Denver, CO 80210, telephone (720) 287-8664.

**Minnesota Residents:** This collection agency is licensed by the Minnesota Department of Commerce.

**North Carolina Residents:** This collection agency is licensed under Permit # 103546

**Tennessee Residents:** This collection agency is licensed by the Tennessee Collection Services Board.

**Wisconsin Residents:** This collection agency is licensed by the Division of Banking, P.O. Box 7876, Madison, Wisconsin 53707.